

Finance and Performance Committee


Mon 09 September 2024, 09:30 - 12:30

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

 1.0 Finance and performance Agenda FINAL.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 17th of June 2024

Attached *Chair*

 1.4 17th June 2024 Draft Finance and Performance Minutes_Final Draft.docx Approved by RC.pdf (15 pages)

1.5. Committee Action Log

Attached *Chair*

 1.5 Finance Performance Committee Action Log_Approved.pdf (4 pages)


2. ITEMS FOR APPROVAL/RATIFICATION/DECISION


There are no items for inclusion in this section

3. ITEMS FOR DISCUSSION

3.1. Focused Performance Report – Discharge Programme and Delays

To Follow *Director of Nursing*

 3.1 Update on Discharge Improvement Programme and Pathways of Care Delays_.pdf (14 pages)

 3.1 Appendix 1 Focused Performance Report – Discharge Programme and Delays.pdf (7 pages)

3.2. Update on application of Health Board's Performance Management Framework

Attached *Director of Strategy, Planning and Partnerships*

 3.2 Update on application of Health Board's Performance Management Framework.pdf (7 pages)

3.3. Performance Report in respect of Welsh Government's Escalation Status (Targeted Intervention and Enhanced Monitoring)

Attached *Director of Strategy, Planning and Partnerships*

- 📄 3.3 Performance Report in respect of Welsh Government's Escalation Status.pdf (18 pages)
- 📄 3.3 Appendix 1 Escalation framework and Enhanced monitoring baseline metrics.pdf (12 pages)

3.4. Performance Report at Quarter 1, 2024/25

Attached *Director of Strategy, Planning and Partnerships*

- 📄 3.4 Quarter 1 Integrated Performance Report.pdf (7 pages)
- 📄 3.4 Appendix 1 - Quarter 1 Integrated Performance Report.pdf (43 pages)

3.5. Information Governance and SIRO Report

Attached *Director of Digital*

- 📄 3.5 Information Governance and SIRO Report.pdf (14 pages)
- 📄 3.5 Appendix 1 Data Protection Impact Assessments.pdf (1 pages)

3.6. Digital, Data and Technology Group Report

Attached *Director of Digital*

- 📄 3.6 SBAR Digital, Data and Technology Group Report.pdf (8 pages)
- 📄 3.6 Appendix 1 Digital, Data and Technology Group Report.pdf (4 pages)
- 📄 3.6 Appendix 2 Digital, Data and Technology Group Report.pdf (6 pages)

3.7. Committee Risk Report

Attached *Director of Corporate Governance*

- 📄 3.7 Finance and Performance Committee Risk Report_Sept 24.pdf (6 pages)
- 📄 3.7 Appendix A F&P Committee Strategic Risk Register.pdf (1 pages)
- 📄 3.7 Appendix B Strategic Risk Assessments.pdf (9 pages)

3.8. Finance Report and Monitoring Returns for Month 04

Attached *Director of Finance and Procurement*

- 📄 3.8 Finance Report and Monitoring Returns for Month 04.pdf (35 pages)
- 📄 3.8 Appendix 1.pdf (33 pages)
- 📄 3.8 Appendix 2.pdf (21 pages)
- 📄 3.8 Appendix 3.pdf (22 pages)

3.9. Value and Sustainability Assurance Reporting

Attached *Director of Finance and Procurement*

- 📄 3.9 Value and Sustainability Assurance Reporting.pdf (16 pages)
- 📄 3.9 Appendix 1 Enhanced Care Comparison Report Final (002).pdf (6 pages)
- 📄 3.9 Appendix 2 - ABUHB Value Sustainability Board SERVICE REDESIGN 270824 v2.pdf (7 pages)
- 📄 3.9 Appendix 3 - FPC September 24 Governance Control Escalation - Operational Control Checklist.pdf (6 pages)

3.10. Efficiency Opportunities Update

Presentation *Director of Finance and Procurement*

A)Orthopaedics

B)Endoscopy

These will be received at the Committee meeting.

4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2024/25

Attached *Director of Corporate Governance*

- 📄 4.1 Finance Performance Committee FWP Cover Report 09.09.24.pdf (4 pages)
- 📄 4.1 Appendix A - FWP FPC 2024-2025_ September Meeting.pdf (8 pages)

4.2. Overview of Audit Recommendations Tracking

Attached *Director of Corporate Governance*

- 📄 4.2 F&PC Audit Recommendations Tracker Cover Report Sept 24.pdf (5 pages)
- 📄 4.2 Appendix A 8 Completed Recommendations.pdf (1 pages)
- 📄 4.2 Appendix B 18 Approved Revised Deadlines.pdf (2 pages)

5. OTHER MATTERS

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 16th December 2024 at 9.30am

**FINANCE AND PERFORMANCE COMMITTEE
AGENDA**

Date and Time	Monday 9th September 2024 at 9.30am
Venue	Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1 9.30am	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 17 th of June 2024	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	There are no items for inclusion in this section		
3	ITEMS FOR DISCUSSION		
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT			
3.1 9.40am	Focused Performance Report – Discharge Programme and Delays	Attached	Director of Nursing
3.2 9.45am	Update on application of Health Board’s Performance Management Framework	Attached	Director of Strategy, Planning and Partnerships
3.3 10.00am	Performance Report in respect of Welsh Government’s Escalation Status (Targeted Intervention and Enhanced Monitoring)	Attached	Director of Strategy, Planning and Partnerships
3.4 10.15am	Performance Report at Quarter 1, 2024/25	Attached	Director of Strategy, Planning and Partnerships
3.5 10.45am	Information Governance and SIRO Report	Attached	Director of Digital



3.6 11.00am	Digital, Data and Technology Group Report	Attached	Director of Digital
3.7 11.15am	Committee Risk Report	Attached	Director of Corporate Governance
ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE			
3.8 11.30am	Finance Report and Monitoring Returns for Month 04	Attached	Director of Finance and Procurement
3.9 11.40am	Value and Sustainability Assurance Reporting	Attached	Director of Finance and Procurement
3.10 11.55am	Efficiency Opportunities Update a. Orthopaedics b. Endoscopy	Presentation	Director of Finance and Procurement
4	ITEMS FOR INFORMATION		
4.1	Review of Committee Programme of Business 2024/25	Attached	Director of Corporate Governance
4.2	Overview of Audit Recommendations Tracking	Attached	Director of Corporate Governance
5	OTHER MATTERS		
5.1 12.25pm	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3 12.30pm	Meeting Closes		
	Date of the Next Meeting: • 16 th December 2024 at 9.30am		

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



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

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	Monday 17th June 2024, 9.30-12.30
VENUE	Microsoft Teams

PRESENT	Richard Clark, Independent Member (Chair)
	Dafydd Vaughan, Independent Member
	Helen Sweetland, Independent Member
	Neil Patrick, Independent Member
	Iwan Jones, Independent Member
IN ATTENDANCE	Robert Holcombe, Director of Finance and Procurement
	Nicola Prygodzicz, Chief Executive
	Paul Solloway, Director of Digital
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Chief Operating Officer
	Michelle Jones, Head of Board Business
	Carla Hiscott, Deputy Outpatient Transformation Lead
	Caroline Mills, Consultant Dermatologist and Clinical Lead Outpatient Transformation Programme
	Julie Poole, General Manager
	Chris Commins, Assistant Finance Director
	Gregg Bowen, Assistant Finance Director
	Sara Utley, Audit Wales
Megan Frampton, Governance Support Officer	
Thomas Jaynes, Governance Support Officer	
APOLOGIES	None received

FPC 1706/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
FPC 1706/1.2	Apologies for Absence No apologies for absence were received for noting.
FPC 1706/1.3	Declarations of Interest There were no declarations of interest raised to record.



<p>FPC 1706/1.4</p>	<p>Draft Minutes of the meeting held on Thursday 14th March 2023</p> <p>The minutes of the meeting held on Thursday 14th March 2024 were AGREED as a true and accurate record.</p>
<p>FPC 1706/1.5</p>	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, updated on the outstanding action regarding enhanced care levels and costings in comparison to other Health Boards and noted that information had been received from finance colleagues in other Health Boards and a comparative report would be prepared for the Committee.</p> <p>Hannah Evans (HE), Director of Planning, Strategy and Partnerships, updated on an action relating to conversion rates for ADHD due to increased demand and noted that information would be shared with the Committee via email. HE outlined headlines for 2019/2020, of referrals 19% converted to a diagnosis and advised that the 2022/2023 referrals had increased to 21% which culminated in increased diagnosis.</p> <p>The Committee NOTED the action log.</p>
<p>FPC 1706/02.1</p>	<p>Development of Committee Programme of Business</p> <p>Rani Dash (RD), Director of Corporate Governance, apologised that the Forward Work Plan shared with the Committee was the incorrect version. RD noted that meetings had taken place with the Director of Finance and Procurement and Director of Strategy, Planning and Partnerships which informed the development of the proposed work plan. RD agreed to circulate the correct version to the Committee via email and apologised that the Committee was not able to approve the Forward Work Plan at the meeting as planned.</p> <p>The Committee discussed the timing and frequency of proposed meetings and sought clarification as to whether the proposed number of meetings was sufficient to ensure</p>



effective assurance, particularly given the escalated status of the Health Board's performance. RD agreed to discuss this with the Chair to ensure there was sufficient cover across the Committee and the Board itself without duplication.

Action:

- Committee Secretariat to send out the correct 2024/2025 Forward Work Plan to Committee Members
- Director of Corporate Governance, to meet with the Chair to discuss the frequency of committee meetings in 2024/2025

FPC 1706/3.1

Performance Management and Escalation Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on the implementation and the process of internal escalation of the Performance Management and Accountability Framework (PMAF); Divisions in higher escalation in line with the Framework's triggers, and the escalation levels under the all-Wales Oversight and Escalation Framework.

HE advised that the PMAF set out the arrangements for escalation and allowed for consideration of escalation levels to occur at any time in line with triggers in the same section, and that a formal review of the status of Divisions would occur every 6 months. HE advised the Committee that 12-month reviews of all Divisions had been completed and that these would be aligned to the framework going forwards.

The Committee noted that the Mental Health and Learning Disabilities Division and Urgent Care Division were in special measures and were subject to enhanced monitoring.

HE provided an overview of the factors that contributed to the Mental Health and Learning Disabilities Division escalation which had been brought about by the Health Board following quality and safety issues and events identified in 2023. The Committee noted that a number of interventions and support had been put in place with updates and reports submitted to the Patient Quality, Safety and Outcomes Committee, with the Executive Committee monitoring performance.

The Committee was also updated on the escalation of the Urgent Care Division which had been placed under Enhanced Monitoring across all domains. The Committee noted that an



improvement plan had been developed and monitored through fortnightly Divisional and wider system escalation meetings, chaired by the Chief Operating Officer.

HE provided an overview of the external escalation arrangements and noted the Welsh Government Oversight and Escalation Framework which sets out the process by which escalation levels were considered which included twice yearly tripartite meetings between Welsh Government officials, Audit Wales, and Healthcare inspectorate Wales.

HE advised the Committee that the national escalation domains and 5 national escalations did not currently align with the Health Board's internal Performance Management and Accountability Framework but opportunities to align further would be explored when a formal review of the Health Board's PMAF occurred in quarter 3.

Neil Patrick (NP), Independent Member, commented on the importance of accountability. NP noted that accountability was allocated across the Executive Team and questioned how accountability was delegated further to secure increased focus and improved performance.

HE agreed and provided an example of the Emergency Department at GUH where there were weekly escalation meetings with the Divisional Manager, General Manager and Ward Nurse to secure improvement.

Rob Holcombe, (RH), Director of Finance and Procurement, advised the Committee that delegated budget letters were sent to Divisions which was part of financial governance and accountability arrangements.

The Committee discussed the practical application of the framework and sought confirmation as to how many staff had been placed on improvement/support plans.

HE assured the Committee that the performance of Divisions and leadership teams had been escalated as a result of the PMF and this process had been supported by HR, where required.

RH assured the Committee that as a result of the PMAF this had led to education training packs, self-assessment checklists and focused finance meetings with Divisions to discuss capacity to secure financial improvements and noted



that some Divisions had improved performance but not all had achieved financial balance.

The Committee requested the attendance of divisional directors at Committee discussions on performance to provide additional assurance in respect of accountability.

Rani Dash (RD), Director of Corporate Governance, noted that the key person to support the discussion in the first instance was the Chief Operating Officer (COO), with overall accountability, and divisions should attend alongside the COO. RD proposed that the Committee hold an informal development session to explore opportunities for the Committee to seek greater assurance on the accountability arrangements beyond executive-level.

Action:

- Director of Corporate Governance to arrange a committee development session focussed on performance and accountability arrangements

Iwan Jones (IJ), Independent Member, noted that the escalation criteria issued by Welsh Government was clear but queried the de-escalation criteria as Welsh Government did not set out the arrangements for de-escalation and advised that clarity was needed in order to build a plan for recovery.

HE noted that from a planning perspective the Health Board had advised Welsh Government of its forecast financial performance, and the levels of progress would be assessed against Ministerial priorities.

RH advised that, as he understood it, financial performance would be de-escalated from Welsh Government's intervention when financial control was achieved.

The Committee:

- **NOTED** the Progress with implementation of the Health Board's Performance Management & Accountability Framework (PMF), including Divisions in higher escalation;
- **NOTED** that a formal review of Divisional and Corporate escalation levels would take place before the end of June in line with completion of reviews;
- **NOTED** the Escalation levels of the Health Board under all Wales Oversight and Escalation Framework; and



- **NOTED** the wider actions conducted and planned to continue to strength the approach to performance management and accountability.

FPC1706/3.2

Performance Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on performance against the key ministerial priorities as at May 2024. HE added that the report complimented the priorities in the Annual Plan 2024/25.

HE provided an update on progress of uptake rates achieved by the vaccination programme; the progression of place-based models of care and sustainability in primary and community services. HE advised that positive outcomes had been achieved which demonstrated progress, including the common ailment scheme uptake by community pharmacists which diverted appropriate demand away from primary care.

HE provided an update in respect of the Urgent & Emergency Care system and noted that work was underway to report this in more detail for enhanced monitoring requirements. The Committee was advised that during March 2024, ambulance waits over an hour had improved but waits had increased in April and May 2024. The Committee heard that waits to be seen by a senior clinician had shown no or little improvement and waits in the Emergency Department showed no improvement with a slight decline witnessed.

HE provided an overview of the actions taken to improve wait to be seen times which included weekly Chief Operating Officer meetings with the department; process improvements on escalation; pathways changes; changes in managerial oversight; and realignment of resources.

HE provided an update on the internal and Regional Partnership Board work which had looked at additional projects that supported system flow and was advised that deep dives were ongoing along with detailed mapping.

HE provided the Committee with an update on Planned Care and noted for long wait patients' over 156 weeks performance had continued to improve with a small number of 156 week waits; 52 at the end of April, compared to the March 2023 position of 553. HE clarified these were exclusively in ENT and Orthopaedic spines with specific actions put in place to recover this position in May. HE noted



up to the end of April 2024 the number of patients waiting (all stages) over 104-week was increasing.

HE assured the Committee that there would be additional targeted activity for outpatients and that the first phase of performance deep dives in specific specialities would pick up actions for improvement.

HE provided the Committee with an update in respect of Mental Health and Learning Disabilities Division performance and noted an improvement with the back log for waits had reduced in respect of the longest waiting patients and this was the start of sustained improvement.

In respect of cancer performance, HE confirmed that the back log position was stable but had not improved and performance against the all-Wales national standard of 80% was stable but not improving.

Iwan Jones (IJ), Independent Member, questioned whether there needed to be further deep dives to ensure improvements were implemented and whether these could be included as part of the Board Development Sessions.

Rani Dash (RD), Director of Corporate Governance, confirmed that performance exception reporting/focussed deep dives had been included within the Committee's Forward Work Plan for 2024/25 and the Committee could request deep dives reports to be presented for assurance of performance and improvement at any time based on information presented.

The Committee **NOTED** the performance position presented, and progress achieved at the end of May 2024.

FPC1706/3.3

Outpatient Transformation Programme Update

Julie Poole, Carla Hiscott and Caroline Mills joined the meeting

Julie Poole (JP), General Manager for Surgery, presented an overview of the Outpatient Transformation Programme work to date.

JP noted that the Health Board's approach was guided by the principles of:

- Managing Demand which included health pathways, gatekeeper developments and e-advice;



- Efficient Use of Resources which included clinical model reviews, reduction in hospital-initiated cancellations, virtual clinics and an outpatient treatment unit;
- Digital as an Enabler which included envoy, e-advice, clinic room booking system, consultant connect and patient facing platform; and,
- Operational Management which included a planned care academy to ensure staff were correctly trained and effective validation of waiting lists to ensure correct patients were on correct lists.

JP advised that the focus was specifically on “see on symptoms” and patient initiated follow ups to ensure patients were correctly managed. The Committee was advised that current performance was 13% against a Welsh Government target of 20%. The Committee noted that the target for those patients who did not attend was 5% and the Health Board’s performance for the previous financial year was 6.7%.

JP provided an overview of the approach to clinic utilisation and bookings and confirmed that an audit had been undertaken to assess whether rooms were being used by allocated specialities and whether these could be reallocated and advised that a clinic room booking system was utilised to improve room booking efficiency.

JP highlighted that the programme had worked with different divisional projects to improve outpatient transformation. JP noted that services such as Optometry workforce; Urology Straight to test; Ophthalmology Glaucoma Diagnostic Hub would improve performance because outpatient stages were either being removed or substantially reformed to increase efficiency.

JP advised that the new Outpatient Treatment Unit where patients could be seen and treated on the same day had assessed 2500 patients in 2023/2024 and that this had realised savings of £382,000.

The Committee noted that clinical model reviews with a number of divisions had been completed to ensure that the correct and efficient processes were in place to ensure that outpatients performed well and progressed quickly through the pathways. The Committee noted that a lower back pain pathway had been introduced which it was hoped would have a positive impact through securing a reduction in the incorrect referrals to the surgery team.



The Committee was provided with further detail regarding digital as an enabler and noted that the introduction of e-advice had enabled consultants to give advice to patients in a more timely and efficient way. The Committee was advised that the Consultant Connect system was used in primary care which would be used to prevent patients unnecessarily becoming outpatients.

Paul Solloway (PS), Director of Digital, assured the Committee that a working group team had been set up to ensure that WPAS was managed effectively and that a comprehensive training programme would be created for staff so the system would be used effectively and efficiently.

Dafydd Vaughan (DV), Independent Member, queried whether WPAS was being used in the Health Board in line with the other Health Board's use and sought assurance as to what was being done to address the issue of the patient's ability to cancel appointments.

PS noted that the Health Board was not presently using the functionality of WPAS effectively and used a secondary system Clinical Work Station. PS added that standardisation was varied across Health Boards and advised that the team was reviewing WPAS functionality, and this would be addressed as part of the Digital Strategy.

Leanne Watkins (LW), Chief Operating Officer, confirmed that there was inconsistency across the Health Board in regard to patients being able to make contact. LW noted that it was important for different divisions to own their own administrative procedures and the need for there to be a range of options for patients to make contact which did not solely rely on telephony.

Neil Patrick (NP), Independent Member, queried whether DNA rates could be analysed and summarised to better understand reasons. JP advised that data was tracked across divisions and deep dives were carried out in order to better understand reasons for DNAs. JP reflected that there was often a range of reasons. In some cases, appointments had been moved from the morning to ensure cancer patients could attend in the afternoon where a DNA had occurred.

Richard Clarke (RC), Independent Member, queried whether unnecessary work was sent to divisions from GPs which contributed to Outpatient demand and it was noted that this



was the case at times and as a result impacted upon performance.

LW noted that e-advice would help addressing incorrect referrals from GPs as instant feedback would be given and this would prevent patients entering pathways unnecessarily. LW added multi-disciplinary work on Health Pathways would also continue to provide guidance to GPs on appropriate referrals

The Committee **NOTED** the presentation and the progress in delivering outpatient transformation.

Julie Poole, Carla Hiscott and Caroline Mills left the meeting

FPC1706/3.4

Assurance reports from the Digital, Data and Technology Group

Paul Solloway (PS), Director of Digital, provided an update to the Committee on the work of the Digital Data and Technology Group.

PS confirmed that the Data and Analytics Strategy would be shared with stakeholders before being approved by the Board. The Committee noted that the Electronic Health Care Record Strategy was developed with a 16-week engagement and that the Strategic Outline Case would due to be presented to Board.

PS provide an overview of the digital programmes of the Health Board which included: Acute; Digital Patient; Clinical Support; Digital Ward; ICT and Community. PS advised that there were different projects under each programme and provided an overview of the key issues and progress updates of each.

Dafydd Vaughan (DV), Independent Member, thanked the Director of Digital for the level of detail and scale of work that was ongoing. DV referred to the projects on clinical services and commented these were big projects which would have a big impact on the Health Board's resources.

PS advised that concerns had been feedback to the NHS Executive on CELLPATH and as a result a new governance structure had been put in place to provide scrutiny. DV requested sight of the Business Case for CELLPATH.



	<p>Action:</p> <ul style="list-style-type: none"> • Director of Digital to share CELLPATH Business Case with Dafydd Vaughan, Independent Member <p>Iwan Jones, Independent Member, queried whether all digital and information systems were held within the Director of Digital's portfolio. It was confirmed that not all systems were the responsibility of the Director of Digital, however the Director of Digital did have responsibility for the procurement framework, policies and associated governance for digital and information.</p> <p>The Committee NOTED the update provided.</p>
FPC1706/3.5	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, noted that the papers issued to the Committee had not included the Committee Risk Report in full and apologised for this error. RD agreed to arrange for the full report to be issued following the meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> • Committee Secretariat to share the Committee Risk Report with the Committee
	<p>Audit Recommendations</p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of all identified internal and external audit recommendations, as well as the current implementation resulting from planned audit reviews that fall under the purview of the Committee's agenda.</p> <p>The Committee NOTED the report.</p>
FPC 1706/3.7	<p>Annual Plan 2024/25 Resubmission</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on the submission of a revised Annual Plan 2024/25, following feedback from Welsh Government on the initial version submitted. The report provided a summary of the updated position, the actions taken in response to the feedback from Welsh Government, the changes made to the delivery commitments against the Ministerial Priorities and the financial consequences of those changes, along with a review of the financial position.</p>



The Committee noted that 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 the Health Board’s ambition with respect to prevention remained at the forefront of the Annual Plan, alongside the need to drive efficient and effective in-year service delivery.

Iwan Jones (IJ), Independent Member, queried the governance arrangements in respect of the IMTP as he felt there had been responses to Welsh Government from the Health Board without the approval of Board.

Rani Dash (RD), Director of Corporate Governance, responded that the Board had approved the IMTP at its meeting in March 2024. In terms of the updates required for re-submission to Welsh Government, the Board was informed at its meeting in May 2024 that feedback from Welsh Government was required and re-submission due by 31st May 2024. RD confirmed that the re-submission to Welsh Government had been agreed with Chief Executive and the Chair and had been provided to the Committee for audit and oversight. The Board had also been briefed on the detail of the re-submission at its briefing session on 12th June 2024.

The Committee **NOTED** the revised Annual Plan 2024/25 as re-submitted to Welsh Government.

FPC 1706/3.8

Monthly Finance Report and Monitoring Returns

Robert Holcombe (RH), Director of Finance and Procurement, provided an update to the Committee on Month 1 performance.

RH noted that at Month 1, the reported revenue position was a £4.959m deficit and the reported capital position was break-even. RH noted the risks in achieving the reported forecast.

RH added that the underlying financial deficit at the start of 2024/25 financial year was £81.4m, the revised underlying financial deficit for 2024/25 was assessed as £51.9m which was in line with the 2024/25 annual plan forecast deficit position.



RH commented that significant positive progress had been made with de-risking the plan. RH noted specific plans and actions for the achievement of the £11.4m savings and advised that opportunities had been identified which would further de-risk the financial forecast, which had informed the revised Annual Plan re-submission.

RH added that opportunities of £5.4m had been converted to savings from the £11.4m and these would be confirmed in month 2 reporting. The Committee noted that work continued to identify and implement specific plans for the remaining £6m savings in order to achieve the reported forecast. RH confirmed that the revised submission maintained a forecast of £48.9m deficit.

The Committee **NOTED**:

- 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.

FPC 1706/3.9

Value and Sustainability Assurance Reporting

Chris Commins and Greg Bowen joined the meeting.

Rob Holcombe, Director of Finance and Procurement, noted that the 2024/25 Annual plan identified £29m of savings and £11m of opportunities to be progressed. The Committee noted that £29m was allocated to the Value and Sustainability Board's (V&SB) categories which included: Workforce; Procurement and Non-Pay; Pathway; CHC/FNC and Medicines Management and all were expected to be delivered.

Chris Commins (CC), Assistant Director of Finance, provided an overview of Medicines Management and noted that the workplan correlated with the thirteen national priorities and was aligned to the national programme. CC confirmed that the savings delivered in 2023/24 was £6.0m with £2.6m secured to date across 21 schemes in 2024/25.

Greg Bowen (GB), Assistant Director of Finance, provided an update in respect of Workforce and noted the work of the



Variable Pay Programme Board which provided governance on variable pay reduction. The Committee noted the savings that had been made and the identified opportunities to be explored further at programme board.

GB advised that in respect of service redesign a working group had been established which consisted of Planning, Clinical Futures and Finance colleagues. The Committee was advised that the group meets on a fortnightly basis with the Executive Director of Strategy, Planning and Partnerships to update on progress and inform the V&SB with key opportunities to be pursued which included bed management, operational procedures and service efficiencies.

CC updated the Committee on Continuing Health Care and noted that significant savings had not been realised to date but confirmed that efficient packages were being implemented and continually reviewed.

Iwan Jones (IJ), Independent Member, queried how the report captured savings and efficiencies. In response IJ was informed that the cash releasing elements were captured through the financial performance reporting but would be explicitly included in future reports.

Helen Sweetland (HS), Independent Member, queried the status of the Clinical Advisory Group and whether it had been incorporated into value and sustainability work. In response HS was advised that the Group was established and meeting to consider clinical matters, including quality impact assessments where necessary.

The Committee **NOTED** the report.

Chris Commins left the meeting.

FPC 1706/3.10

NHS Benchmarking Exercise – Emergency Care Benchmarking Exercise

Greg Bowen (GB), Assistant Director of Finance, provided the Committee with an overview of the emergency care benchmarking exercise for the 2022-23 financial year which included the Emergency Department at the GUH and Minor Injury Units at YYF and YAB and confirmed that this would remain a key area of focus during the current year.



	<p>The report provided a summary of the key findings from the exercise, along with potential opportunities for the Health Board to achieve efficiencies. The Committee noted that the Finance Team are working in close collaboration with the Urgent Care Division on opportunities presented to secure improvements.</p> <p>Helen Sweetland (HS), Independent Member, questioned how data was utilised to plan for the future. HS was advised that benchmarking data was used as a basis to inform decisions and to inform deep dives on performance to understand ABUHB's performance. It was also noted that benchmarking data would inform action plans and the 6 goals programme.</p> <p>The Committee NOTED the report and opportunities presented.</p> <p><i>Greg Bowen left the meeting.</i></p>
FPC 1706/3.11	<p>Capital Programme Report</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the Health Board's Capital Plan and was advised that the Board's Development Session on 26th June 2024 was planned to consider strategic Capital and Estates matters in further detail.</p> <p>The Committee NOTED the report.</p>
FPC1706/4.1	<p>Items to be brought to the Attention of the Board and Other Committees</p> <p>The Committee agreed to draw to the Board's attention the breadth of work underway to deliver Digital transformation and the level of associated risk and impacts of this.</p>
FPC1706/4.2	<p>Any Other Urgent Business</p> <p>No urgent business was raised for discussion.</p>
FPC1706/4.3	<p>Date of Next Meeting:</p> <p>9th September 2024, 09:30 – 12:30</p>



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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
07/09/2023	FPC 0709/01.5	Committee Action Log ref 2106/02.3 Additional information was requested on Enhanced Care levels and costings in comparison to other Health Boards. Information to be shared with members outside of the meeting.	Director of Finance and Procurement	March 2024	<p>Completed</p> <p><u>June 2024</u> At the meeting on 17th June 2024, the Director of Finance and Procurement confirmed that comparative data was now available, and a briefing would be prepared for the Committee.</p> <p><u>September</u> Report included within agenda item 3.9, Value and Sustainability Assurance Reporting.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/12/2023	FPC 2112/03.2	<p>An update on the Discharge Programme and Delays</p> <p>To provide enhanced assurance, the Committee requested that a detailed report come back on discharge plans, actions, and the reconfiguration of the eLGHs.</p>	Chief Operating Officer and Deputy Director of Nursing	June 2024	<p>Complete</p> <p><u>June 2024</u> This item has been deferred to 9th September 2024 meeting.</p> <p><u>September 2024</u> This item is included on the Committee's agenda at item 3.5. Reconfiguration of the eLGHs will be reported on separately.</p>
17/06/2024	FPC1706/02.1	<p>Development of Committee Programme of Business</p> <p>Committee Secretariat to send out the correct 2024/2025 Forward Work Plan to Committee Members</p>	Committee Secretariat	June 2024	<p>Complete</p> <p><u>September 2024</u> Committee Secretariat shared the Forward Work Plan for 2024/25</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					with Committee Members.
17/06/2024	FPC1706/02.1	Development of Committee Programme of Business Director of Corporate Governance, to meet with the Chair to discuss the frequency of committee meetings in 2025/2026	Director of Corporate Governance	September 2024	Complete <u>September 2024</u> This action will be addressed via action FPC1706/03/.1
17/06/2024	FPC1706/03.1	Performance Management and Escalation Report Director of Corporate Governance to arrange a committee development session focussed on performance and accountability arrangements	Director of Corporate Governance	September 2024	In Progress Session to be aligned with work being undertaken by the Executive Team on Performance Reporting and Escalation arrangements".

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
17/06/2024	FPC1706/03.4	Assurance report from the Digital, Data and Technology Group Director of Digital to share CELLPATH Business Case with Dafydd Vaughan, Independent Member	Director of Digital	September 2024	Complete Director of Digital shared the CELLPATH business case with Dafydd Vaughan, Independent Member via email outside of the meeting.
17/06/2024	FPC1706/03.5	Committee Risk Report Committee Secretariat to share the Committee Risk Report with the Committee	Committee Secretariat	June 2024	Complete Committee Secretariat shared Committee risk report with the Committee.

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



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Discharge Improvement Programme and Pathways of Care Delays (POCD)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jenny Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Alexander, Associate Director of Operations, Amanda Hale, Divisional Nurse Surgery, Kate Fitzgerald, Assistant Programme Director Clinical Futures

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation
The purpose of this SBAR is to update the Finance and Performance Committee (the Committee) on the Discharge Improvement Programme and the Pathways of Care Delays (POCD), including:

- A summary of the POCD data and reasons for the discharge delays
- A draft action plan to address the issues highlighted through the data/reasons for discharge delays
- Proposed joint escalation and governance arrangements with the five local authorities
- Update on the D2RA (CWS2) digital solution and roll out
- Update on the Six Goals for Urgent and Emergency Care programme, goals 5&6, return and stay well at home

Cefndir / Background
In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board continues to take forward an improvement

programme aligned to the Health Board's Clinical Futures Strategy, with the overall aim of reducing health inequality and improving population health.

Under the current model of care there is an average of 225 patients defined as clinically optimised for discharge, however, these patients continue to receive hospital-care which may lead to deconditioning and compromise rehabilitation which can impact on timely discharge. It is widely recognised that home is the best place for people to recover and rehabilitate, the Health Board in conjunction with the five Local Authorities and community partners continue to work together to rapidly improve the timely and appropriate discharge of patients.

It is noted that patients who experience unnecessarily long stays in hospital are at an increased risk of hospital acquired de-conditioning, infection and falls. Delays in discharging patients also impact on the availability of hospital beds, leading to delays in ambulance handovers and in admitting patients from the ED.

Six Goals for Urgent and Emergency Care

In the context of 'A Healthier Wales', the Welsh Government has developed 'Six Goals for Urgent and Emergency Care' as expectations for the health and social care system. It is anticipated that by delivering each of these goals through collaboration and partnership working, optimal patient and staff experience, clinical outcomes and value can be achieved. Health Boards and partners will take this forward to support:

- An improved urgent and emergency care offer
- Better outcomes
- Improved staff and patient experience
- Better value

The principles of goals 5 & 6 include:

- A focus on good discharge practice
- People returning home from a hospital stay or to their local community with support and health and social care organisations working together to increase the number of people transferred to the right place following admission to hospital

Goal 5 & 6 Programme - Return and Stay Well at Home

The Six Goals for Urgent and Emergency Care is one of the Health Board's priority programmes, delivered and supported by the Clinical Futures team. The Executive Lead for the programme is Jenny Winslade, Executive Director of Nursing, supported by the Senior Responsible Officer Amanda Hale and Senior Programme Manager, Kate Fitzgerald.

The **objectives** of the programme are:

- Optimal hospital care and discharge practice from the point of admission
- A home first approach to reduce risk of readmission
- Whole system improvement through a collaborative approach
- Delivery of the right care, in the right place, first time

Benefits Realisation

The benefits of the programme are currently being mapped with support from the Corporate Finance team to ensure the intended programme benefits are measurable and deliverable. To this end a data subgroup will be established to

review the monthly audit data agreed with the LAs and agree a dashboard and set of metrics to ensure a consistent approach to evaluation of workstream across the Six Goals programme.

Pathways of Care Delays (POCD)

In April 2023, the Welsh Government updated the reporting framework to measure pathways of care delays in hospital and social care services. This new monthly reporting provided a snapshot of discharge delays that are preventing people from returning home or to their usual place of residence. Since May 2023 the NHS Executive has published high level figures on Pathway of Care Delays broken down by Heath Board and Local Authority with specific reasons for delays.

In December 2023, the Welsh Government issued revised hospital discharge guidance for health and social care staff on discharge processes following a hospital stay. The guidance is considered and utilised alongside the All-Wales Optimal Hospital Flow Framework which has been developed under the Six Goals for Urgent and Emergency Care Programme.

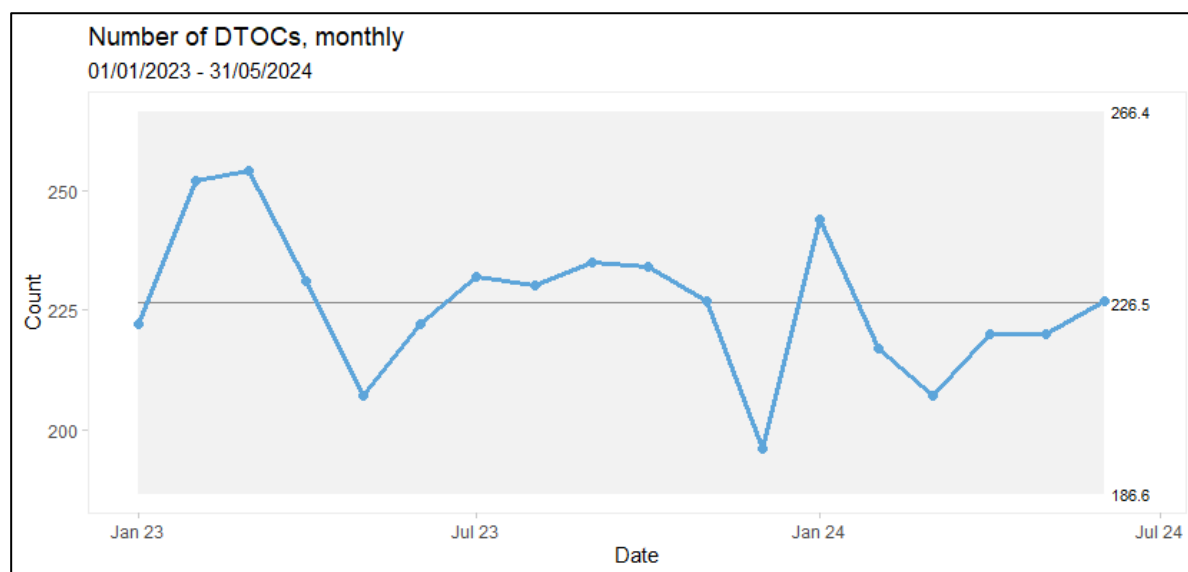
The guidance outlines the role of health boards in ensuring standards are adhered to at all levels and that the discharge processes link with the with the All-Wales Optimal Hospital Patient Flow Framework, noting the continued review and refinement of discharge processes to ensure they are fit for purpose and resources are effectively deployed to deliver the D2RA pathways.

Asesiad / Assessment

A delayed transfer/pathways of care delay is experienced by an inpatient occupying a bed in a hospital, who is ready to move on but is prevented from doing so by one or more reasons.

Pathways of Care Delays – Data and Reasons for Discharge Delays

The graph below highlights the number of validated monthly POCDs, this has remained consistently around 226, generally ranging from 200 to 250 since January 2023:



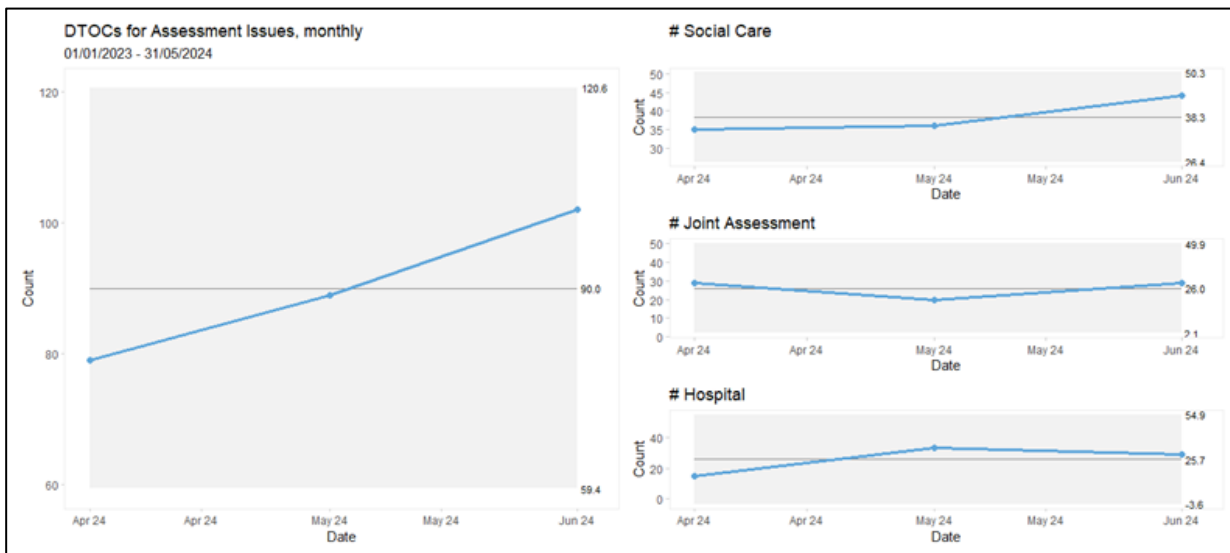
The reasons for the discharge delay provide insight and understanding as to where the failures in discharge occurs, over the last 3 months the following **reasons** for discharge delays were highlighted below:

Delay Reason	Delays
Awaiting completion of assessment by social care	86
Awaiting joint assessment	78
Awaiting start of new home care package	59
Awaiting reablement care package	58
Awaiting completion of arrangements prior to placement	33
Awaiting completion of assessment Nursing	29
Awaiting Social worker allocation	29
Patient / family refusing to move to next stage of care/ discharge	29
Awaiting completion of assessment AHP	27
Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	27
Awaiting nursing/residential home self-funding	23
Awaiting health completion of assessment/provision for equipment	22
Awaiting Continuing Healthcare (CHC) Assessment	20

The top reason for discharge delays over the last three months highlighted above was **awaiting completion of assessment by social care** with 86 patients delaying, with the highest delay in **Caerphilly** at 31 patients closely followed by **Newport** with 19 patients. The second highest reason for the discharge delays was awaiting joint assessment with 78 patients delaying, with the highest delays in RGH with 26 patients followed by NHH with 22 patients.

Delays in Assessments

Over the last three months, the number of patients **awaiting social care assessment** has increased by 18% whereas the number of patients awaiting a **nursing/AHP assessment** has decreased by 19% noting an overall increase in patients waiting an AHP assessment, from 6 patients in April 2024 to 13 patients in June 2024:



Delays by Locality

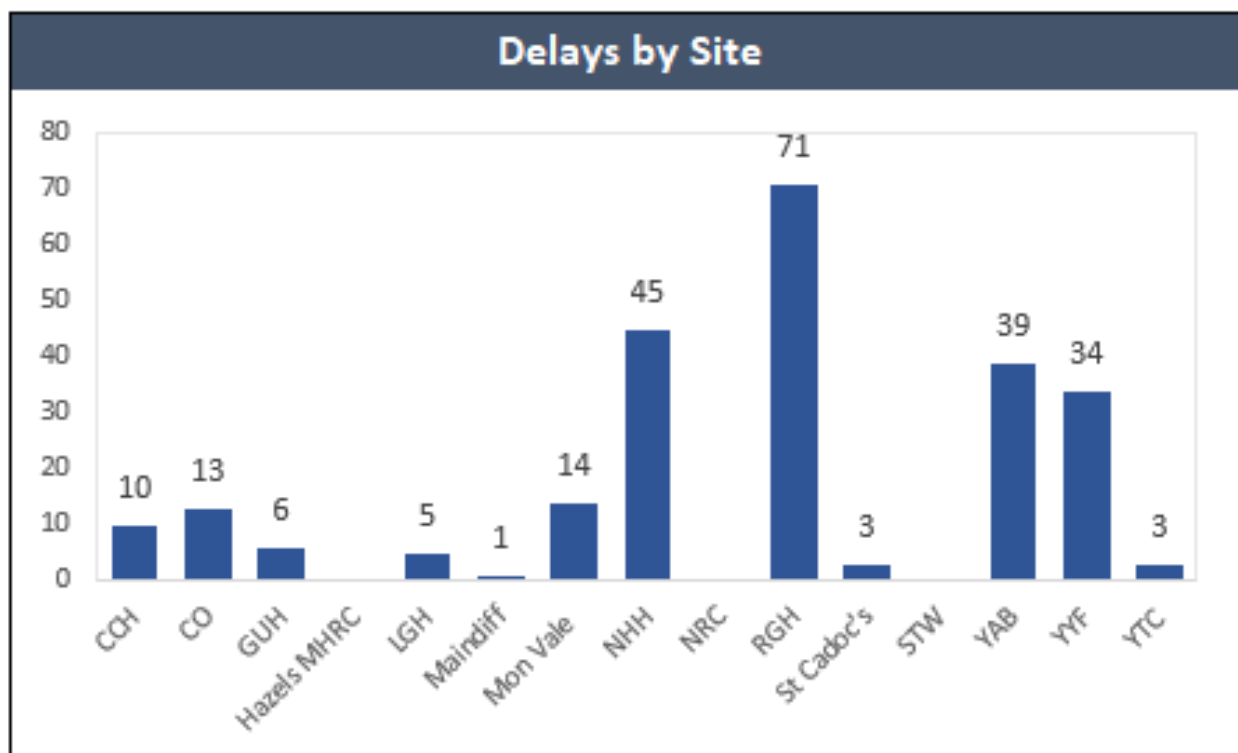
Over the last three months (using March 2024 as a baseline) there has been an increase in POCD by 12 patients with the highest increase reported in **Newport at 29%**, the reasons for the delays in Newport were, awaiting completion of assessment by social care and awaiting completion of a joint assessment.

Monmouthshire is the second highest locality reporting an increase over the last three months with an increase of 10%, the reasons for the delays in Monmouthshire were awaiting funding decision and awaiting reablement care package. With **Caerphilly** reporting a small increase of 5% with the reason for the delays awaiting completion of a social care assessment. **Torfaen** and **Blaenau Gwent** reporting an improved position:

Locality	Mar-24	Apr-24	May-24	Jun-24	Total	Variance
Blaenau Gwent	34	38	29	31	132	-3
Caerphilly	53	52	55	56	216	3
Monmouthshire	49	59	58	54	220	5
Newport	47	46	53	61	207	14
Powys	2	0	1	1	4	-1
Rhondda Cynon Taff	1	1	1	1	4	0
Torfaen	46	44	40	40	170	-6
Total	232	240	237	244	953	12

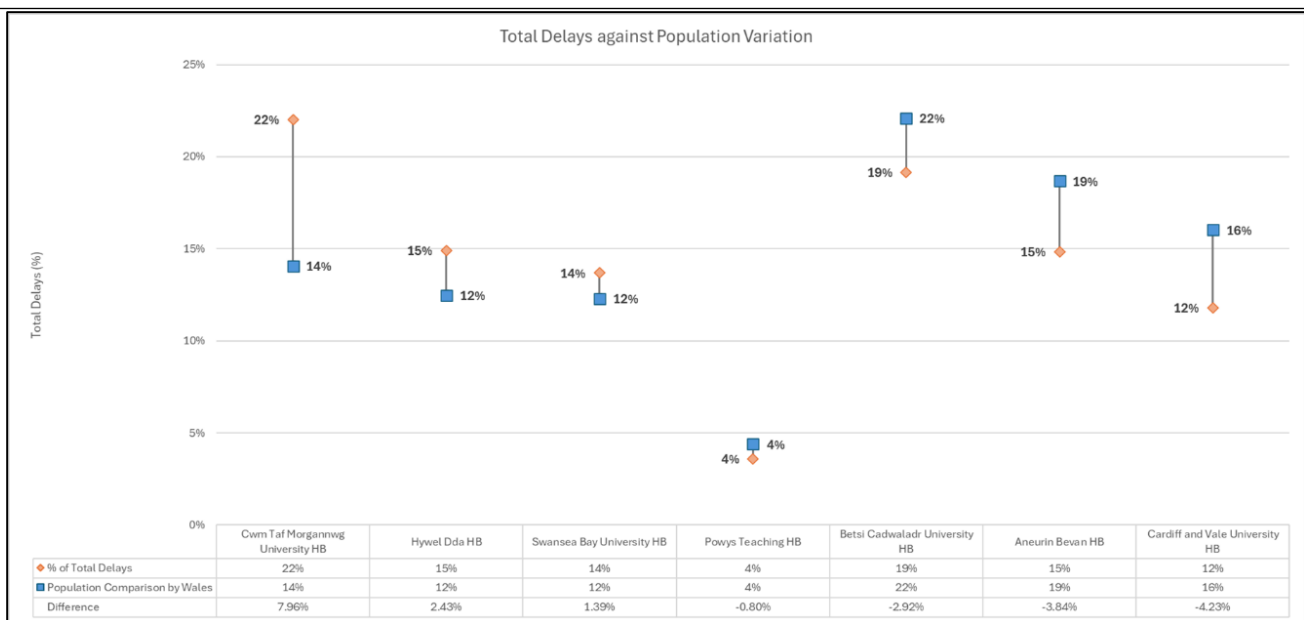
Delays by Site

In June 2024, in terms of discharge delays by site the graph below highlights RGH with highest number of Pathways of Care Delays, this has been consistent over the last few months:



All Wales Benchmarking

The graph below highlights that ABUHB are performing well in comparison to other Health Boards based on population size, ranked as second in Wales:



Care Action Committee Priorities 2024/2025

The Care Action Committee have agreed the following priorities and ambitions for Winter 2024/2025:

1) Reduced pathways of care delays to assessment (monitoring to be led by 6 Goals programme)

- Ambition** – to reduce Pathways of Care Delays (Total Patient Delays) by 15% by the end of November 2024 and then maintain to March 2025.
- Ambition** – to reduce the number of patients that experience a Pathways of Care Delay due to assessment reason code by 20% by the end of December 2024 and then maintain to March 2025.
- Ambition** – to reduce total Day Delayed (the number of days delayed in hospital due to POCD) by 20% by end of December 2024 and then maintain to March 2025.

Action Plan

To address the issues highlighted above and in particular the delays that are in the 'gift' of the Health Board the following actions will be undertaken:

Theme	Action
Frequency of POCD meetings with LA partners, noting the monthly validation process	Review frequency of POCD meetings with LAs across all sites and Divisions, link with LA Heads of Service to scope robust arrangements going forward, focus session at the Integrated Discharge Board to discuss in September 2024
Role of Hospital Discharge Assistants (HDAs), progression of actions	Review of HDA roles and responsibilities underway, workshop held on 12 th July 2024
Escalation process for Hospital Discharge Assistants, unable to progress issues above a certain threshold	Review frequency of flow meetings and escalation process across sites and Divisions

Highest number of POCS in RGH/NHH – understand what is driving these delays.	Drill down to ward level, specifically RGH and NHH, to understand which wards have the most POCD's, understand what is driving these delays, is it speciality driven, knowledge, etc. Provide a targeted approach to these wards, allocate and wrap around support to improve performance for these areas.
Timely discharge planning meetings with families/other professionals	Review current arrangements across sites and Divisions
Completion of booklet 2 by ward staff	Training for ward staff on timely completion of booklets
Medical intervention, once patients is clinically optimised daily interventions i.e., bloods are still undertaken, clinically optimised status changes frequently, difficult to progress discharge	Seek advice regarding revised practice from Deputy Medical Director in regards to a way forward
Ward staff waiting for patients to become clinically optimised before starting discharge planning	Embed Optimal Hospital Flow Framework across all sites, including SAFER principles
Communication, language, culture, need to 'own' the discharge process	Review of roles and responsibilities Board Rounds and processes
CHC funding, Health Board to fund initial nursing home cost, following assessment back date to LAs	Understand process, discussion with Executive Committee
Effective conversations with Care Homes, aligned discharge planning and confirmation return dates	Embed Optimal Hospital Flow Framework across all sites, including SAFER principles
Patient expectations raised at acute sites around discharge planning, conversations are too late in Community Hospitals	Embed Optimal Hospital Flow Framework across all sites, including SAFER principles
Communication with Local Authorities re re-starting packages of care, held for up to 6 days in most localities	Review representation of Local Authority colleagues at flow meeting, review governance process across Health and Social Care
Highest number of discharge delays at RGH with Newport locality reporting the highest increase in POCDs	Review of Discharge Hub, Discharge Lounge, Ready to Go Unit at RGH, run a Patient Safety Event to understand the delays in more detail

Further work will be undertaken on the collation and analyse of the POCD data on a monthly basis to understand the root cause of the delays by site, locality and reason for delay. The analyse will inform a targeted intervention plan aligned to the issues flagged including escalation to the local authority/site team/Division as appropriate with a review process in place to monitor progress. This will support the early identification of discharge delays; key themes will be monitored to ensure timely discharge planning working in partnership with the five local authorities in Gwent.

Escalation and Governance Process

The above data and issues highlight that the reasons for delayed discharge are relatively evenly split across Health and Social Care, whether that is organising care outside hospital, at home, in a rehabilitation bed, care home bed or hospital reasons. The capacity challenges are not restricted to either Health or Social Care and the impact on patients and services is across both sectors. The Health Board is struggling to manage the flow of patients because of the high volume of beds occupied by clinically optimised patients who are better cared for elsewhere. Noting that people then struggle to obtain access to social care services in the community as they are competing with the demands of patients in hospital.

Over the last few years, the response to increased delayed discharges has been through disjointed initiatives supported by short term funding. A longer-term approach is required, including a revised joint escalation governance framework across the Health Board and five Local Authorities. The following is recommended:

- Draft SOP for escalation of issues/delays with local authority partners
- Review governance process and representation of senior decision makers on discharge forums at all levels across sites and Divisions
- Explore governance arrangements and learning in other Health Boards e.g., Cardiff and Vale, Chief Operating Officer chairs a discharge meeting with Local Authority partners.

D2RA Digital Solution – CWS2

In June 2023 the Health Board invested £37k in a new digital solution CWS2 to capture the following data required by the NHS Executive by September 2024 aligned to the All-Wales Optimal Hospital Flow Framework:

- Clinically optimised status
- Red to green status
- D2RA pathway 0-3
- Reason for delay

This new solution will not only fulfil the reporting requirements of the NHS Executive but will also assist operational teams in identifying reasons for delays, provide real time ward level reporting noting the current use of manual white board on all wards across the Health Board, provide a platform to share data across Health and Social Care and develop further into the new digital solution for the complex list.

Unfortunately, in April 2024, three weeks into the roll out of the application a number of technical difficulties were experienced and as advised by Informatics colleagues the roll out was paused. At present the application is live at RGH, NHH

and County Hospital with the remaining sites outstanding, with no confirmed re-start date.

The NHS Executive have been made aware that if even the system is functional over the next few weeks it is unlikely that the Health Board will be able to meet the target date of reporting the above data by September 2024 due to the intensive staff training required over the summer months. Noting that the original deadline set by the NHS Executive to submit the required data was July 2024 with an extension approved due to the technical difficulties experienced and the pause in the roll out of the application.

In addition, the NHS Executive will be arranging deep dives into all Health Boards later in the year, reporting data into the Care Action Committee, with a formal letter to be sent to Health Board Chief Executives. Without the implementation of CWS2 across all sites and the associated functionality to report data on a daily basis, the Health Board will not be able to submit data to the Care Action Committee. As well as the priorities set by the Care Action Committee, the NHS Executive will be examining the extent to which D2RA is being applied across Health Boards and its impact. ABUHB will be the only Health Board in Wales not submitting a return.

This is very disappointing as good progress had been made over the last few months, weekly meetings continue to be held with our Informatics team and the technical issues experienced have been escalated to the Director of Digital. A full briefing on the technical issues experienced and risks to the Health Board was presented to the Executive Committee on 8th August 2024.

Update on the Discharge Improvement Programme – Goals 5&6

The Discharge Improvement programme focuses on good discharge practices, people returning home from a hospital stay or to their local community with support and health and social care organisations working together to increase the number of people transferred to the right place following admission to hospital. A summary of the progress report shared at the Six Goals Board on 12th August 2024 is detailed in appendix 1.

There are a number of workstreams aligned to the programme and the progress to date includes:

Patient Safety Events

A series of Patient Safety Events have been delivered across the Health Board sites aligned to the discharge profile focusing on RGH and NHH. The events aimed to rapidly improving the timely discharge of patients, essentially delivering a step change in performance, safety and patient experience working in partnership with the five local authorities and community partners.

The themes captured at an event in NHH in July 2024 included:

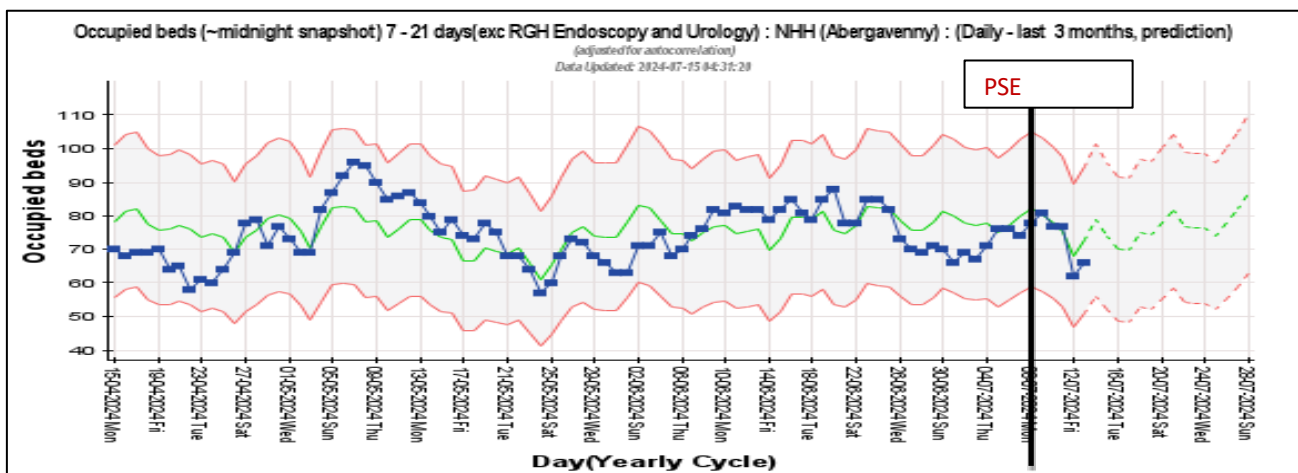
- **Torfaen IAA** process, additional step in the pathway, delays experienced, escalated accordingly
- **Monmouthshire**, financial concerns raised at QALG, delays experienced, meeting held to discuss

- Notable delays in **brokering packages of care and hospice** placements in Powys
- Patients coming into hospital from a **residential care home** and the care home
- **Reduction in patients 7-21 days** over the week of the intervention

The themes and learning were escalated to local authority partners and shared with the site team at NHH noting the following:

- Make-up of **staff/teams on the day**, knowledge of community services
- **Follow up of actions** after the event, more focused, teams taking ownership of actions
- Case management of **complex patients**
- **Hospital Discharge Assistants**, knowledge of patients and following up actions, very positive and proactive
- Further PSE at NHH week commencing **19th August 2024**

The graph below highlights a reduction in the occupied beds 7- 21 days following the Patient Safety event at NHH:



Ready to Go Unit

A 'Ready to Go Unit' was established in May 2024 on D6E at RGH aligned to the relocation of two wards and repurpose of one ward from STW to RGH. The 'Ruperra Ready to Go Unit' aims to optimise patients, physical, psychological and social wellbeing, supporting a seamless transition from hospital to home. The principles of 'Get Up, Get Dressed and Keep Moving' are embedded within daily activities on the unit. The unit is co-located alongside the Discharge Hub and Discharge Lounge, under the leadership of the Primary & Community Division, preparing the patient for discharge from hospital through the delivery of safe and quality care.

Following the initial launch further work is required to refine the service model this includes:

- Integrating the RTG Unit with **Rapid Nursing** & associated community resources
- Addressing the existing **clinical governance** risks through access to Rapid Medical/CRT Consultant
- Building a **safe and sustainable workforce model** through ongoing recruitment and access to CRT nurses

- Improving **patient experiences/outcomes** through multidisciplinary team working
- Improved **collaborative** identification of patients including outreach model
- Improving system flow, streamlining policies and procedures to ensure a more **efficient model**, including utilisation of Parklands capacity.
- Improving **staff experience and development** opportunities
- **Increasing capacity** to further integrate services and avoid duplication, prevention of deconditioning

Ward Accreditation

Ward Accreditation systems are tools used to objectively score individual wards and departments against previously agreed standards for a range of nurse sensitive indicators or metrics. Used on a regular basis, the tools enable nursing team members, ward leaders, senior nurse leaders, managers and board members to track, target and celebrate improvements in patient safety and quality of care in a systematic way.

ABUHB is currently implementing a Ward Accreditation System to enable quality standards to be tracked from the point of collection at the bedside, to Board, giving robust ward to board assurance. Already included within the audit process is a series of questions relating to discharge planning, this needs to be further refined to support a more robust process to capture performance against discharge planning. A project lead has recently been appointed who will oversee and accelerate the development of this programme of work.

Discharge/Transfer Lounges

Following a recent visit to Taunton and Somerset NHS Trust to observe best practice for improving patient flow at Musgrove Park Hospital, an opportunity was identified to improve the function and performance of the Discharge/Transfer Lounges in the Grange University (GUH), Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH).

The progress to date includes:

- **RGH** - relocation of the lounge from D1W to D6W, enhanced workforce model including B7 to provide leadership and support, minor works undertaken to improve the environment, further work ongoing to raise awareness of the new facility and increase utilisation
- **NHH** – recruitment of substantive staff, new transport booking process to facilitate timely discharges, further work ongoing linking with wider site to embed the ethos and purpose of the discharge lounge
- **GUH** – scope proposal to expand the discharge/transfer lounge, aligned to demand/capacity modelling, best practice guidance with opportunities to improve system flow, business case drafted for review by Executive Committee.

Hospital Acquired Deconditioning

Following the successful delivery of the 'Move it May' campaign which promoted physical and mental well-being in hospital, a deconditioning workstream has been established with leadership from across the workforce disciplines of medical/nursing/therapies.

Next steps:

- Pilot '**Hospital Acquired Deconditioning Measurement Tool**' for NHS Wales Executive
- Establish **Deconditioning Prevention T&F Group** with leads from across the Divisions
- Evaluate activities, **spread and scale** across divisions and hospitals
- Work plan into include all aspects of deconditioning i.e. physical and cognitive
- Embed activities as **daily practices**, to embed the 'get up, get dressed, keep moving' ethos throughout the whole year

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to note the:

- **Note** the summary of the POCD data and reasons for discharge delays across Health and Social Care.
- **Note** the draft action plan to address the issues highlighted through the data/reasons for discharge delays.
- **Discuss** the proposal to scope and establish a joint escalation and governance framework with the five local authorities.
- **Note** the risk escalated regarding the D2RA (CWS2) digital solution and roll out and the full briefing submitted to the Executive Committee on 8th August 2024.
- **Note** the update on the Discharge Improvement programme, Six Goals, goals 5&6.

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):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	POCD – Pathways of Care Delays CWS2 – Clinical Work Station Two GUH – Grange University Hospital ED – Emergency Department D2RA – Discharge to Recovery and Assess AHP – Allied Healthcare Professional HAD – Hospital Discharge Assistant SAFER – Seen Aim Flow Early Recovery SOP – Service Operating Procedure CHC – Continuing Health Care
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working 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 Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

Appendix 1 – Six Goals Update August 2024



Six%20Goals%20Pro
gramme%20Board%



UEC Six Goals – Goals 5 & 6

Return & Stay Well at Home



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol  Clinigol
Clinical Futures



Patient Safety Event at NHH



Background:

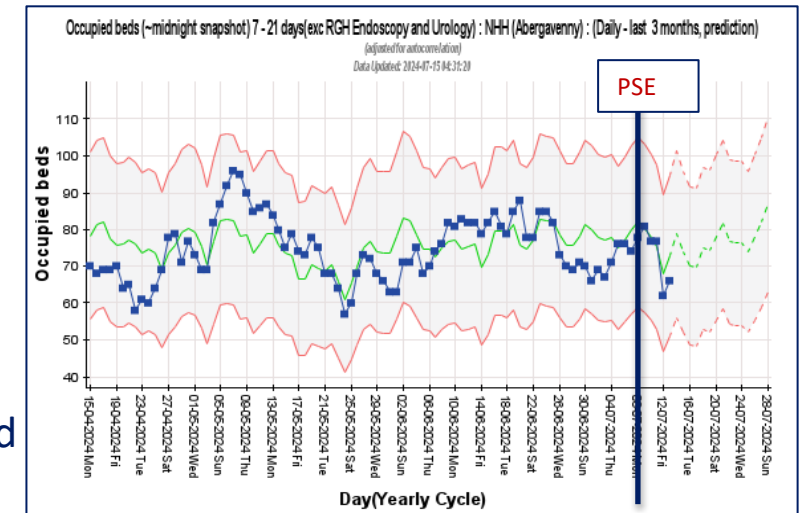
- Week commencing **6th July**, PSE held at NHH
- **Multi-disciplinary working** in partnership with the Local Authority and third sector
- Aim to rapidly improve the **timely discharge of patients** essentially delivering a step change in performance, safety and patient experience

Themes/Impact:

- **Torfaen IAA** process, additional step in the pathway, delays experienced, escalated accordingly
- **Monmouthshire**, financial concerns raised at QALG, delays experienced, meeting held discuss
- Notable delays in **brokering packages of care and hospice** placements in Powys
- Patients coming into hospital from a **residential care home** and the care home
- **Reduction in patients 7-21 days** over the week of the intervention

Learning/Next Steps:

- Make-up of **staff/teams on the day**, knowledge of community services
- **Follow up of actions** after the event, more focused, teams taking ownership of actions
- Case management of **complex patients**
- **Hospital Discharge Assistants**, knowledge of patients and following up actions, very positive and proactive
- Further PSE at NHH week commencing **19th August 2024**



Discharge Lounges



RGH & NHH:

- Further opportunities to increase utilisation across both sites, facilitating timely discharges and transfers
- Further work to raise awareness of the new discharge lounges, benefits to be delivered over time



GUH:

- Development of business case, sign off by the UC Division and presented to Pre-Investment Panel,
- Confirm next steps with Chief Operating Officer and Executive Director of Nursing ahead of Winter
- Following approval, procurement of modular build, recruitment of B7
- Education and Training Programme to raise awareness/profile of the new facility and processes



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol Clinigol
Clinical Futures

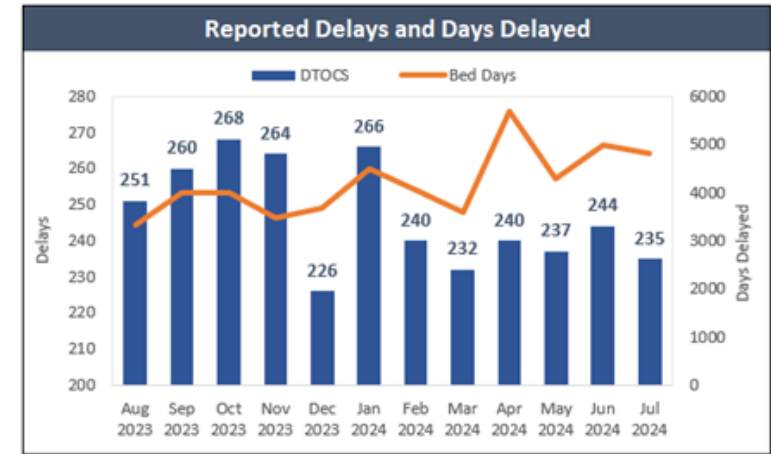


Pathways of Care Delays



Actions:

- **Improvement position** in July 2024, compared to previous three months
- **Themes identified** across localities – social worker assessment, OT assessment, joint assessment and care home availability, review escalation process
- **Robust validation process**, monthly meeting with Local Authorities chaired by PoCD Lead, consistent process identifying reason for delay
- **Weekly PoCD meetings**, chaired by PoCD Lead with Divisions
- **D2RA Digital Solutions** roll out across Health Board in October 2024, enhanced data capturing including reason for delay, collation of meaningful data
- **Single data repository**, review of contemporary data and information
- **Education programme** re Red to Green, huddle to review day of value
- **Community Hospitals**, weekly 'Fishbowl' to review patients <28 days,
- **Community Hospitals**, weekly flow meeting to review patients >28 days, senior decision maker, Head of Patient Discharge, locality Head of Service
- **Acute Hospitals** weekly flow meeting with Head of Patient Discharge
- **Patients Safety Events** at NHH and GUH



	DELAY THEMES							Change from last month
	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen	Out of Area	Total	
Health Assessments	4	3	0	0	2	1	10	-3
Joint Decision Making	5	3	6	6	9	0	29	+9
CHC	0	1	3	0	2	0	6	-6
MC/COP/Safeguarding	1	3	1	0	3	1	9	0
Social worker allocation	0	1	4	2	4	0	11	+2
Social worker assessment	2	14	7	8	2	0	33	+6
OT Assessment	2	5	2	11	0	0	20	+1
Reablement	1	1	5	3	5	0	15	-7
POC	4	5	3	7	1	0	20	-3
SC2H	0	0	0	4	0	0	4	+1
Care Home Selection	2	0	2	4	2	0	10	-5
Care Home Assessment	3	3	0	2	1	0	9	-7
Care home Availability	2	8	3	3	3	0	19	+5
Self Funding	0	2	6	0	1	0	9	+3
Funding Decisions	0	0	6	0	1	0	7	0
Housing	1	0	1	8	1	0	11	+1
Refusal Disputes	2	4	4	3	2	0	15	+4
Transport	1	1	1	0	0	0	3	+3
NHS Bed	1	2	0	0	0	0	3	+2
Pharmacy	0	0	0	0	1	0	1	+1
Total	31	56	54	61	40	2	244	+7
Change from last month	+2	+1	-4	+8	0	0		



Hospital Acquired Deconditioning



Progress:

- **Associate Director of Operations** to lead Workstream, alongside therapy colleague
- Build on the good work undertaken across all sites as part of the **‘Move it May’** campaign
- Highlighted as an example of **best practice** by the NHS Wales Executive

Next Steps:

- Pilot **‘Hospital Acquired Deconditioning Measurement Tool’** for NHS Wales Executive
- Establish **Deconditioning Prevention T&F Group** with leads from across the Divisions
- Evaluate activities, **spread and scale** across divisions and hospitals
- Work plan into include all aspects of deconditioning i.e. physical and cognitive
- **Embed activities** as daily practices, to embed the **‘get up, get dressed, keep moving’** ethos throughout the **whole year**



D2RA Digital Solution



Background:

- CWS2 app has been developed to **enhance data collection** and support operational discharge planning by capturing:
 - D2RA pathways
 - Reasons for delays
 - Red or Green status'
 - Clinically optimised status'

Update:

- **CWS2 live** across RGH, NHH and County (28 wards)
- **Daily monitoring processes** in place to ensure compliance
- Ongoing work to **cross reference system** data with manually collected data on Audit Day
- Intermittency of **technical outages**
- **Roll out currently paused** due to technical difficulties being worked through, unlikely to resume until mid-September 2024

Next steps:

- **Resume roll out** across remaining sites, beginning of October 2024
- Risk of not being able to report D2RA data to NHS Executive by end of September escalated to Executive Director of Nursing and Director of Digital, **SBAR to Executive Committee**
- Develop automated daily report for NHS Executive & **Qlik Dashboard**
- Ongoing work with live wards to **embed process and principles** of the Framework



Optimising Ward Resource



Aim:

- Provide safe, timely and effective discharge for every person who attends our hospitals through the efficient and effective co-ordination of our discharge resources

Workstreams:

- Escalation process and structure, including escalation to LA partners
- Education and training to ensure standardisation
- Review of JD to standardise, roles and responsibilities
- Matching patient pathway to intervention aligned to D2RA pathways
- Review best practice, other HBs and areas of good practice within AB
- Draft proposal for a revised service model with the benefits and costs clearly articulated for review by Executive Director of Nursing and Executive Committee



Progress:

- Workshop held on 12th July 2024 with representation from Divisions and site teams
- Significant opportunity, efficient and effective discharge planning, optimal use of resource
- Deputy Head of Nursing, Scheduled Care to lead workstream with supportive from the Divisions





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on application of the Health Board’s Performance and Accountability Framework
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 Purpose of the Report	
Er Gwybodaeth/For Information	
<p>The purpose of this report is to update the Finance and Performance Committee on the Executive Committee’s decisions regarding escalation levels of divisions following the month 12 reviews.</p>	

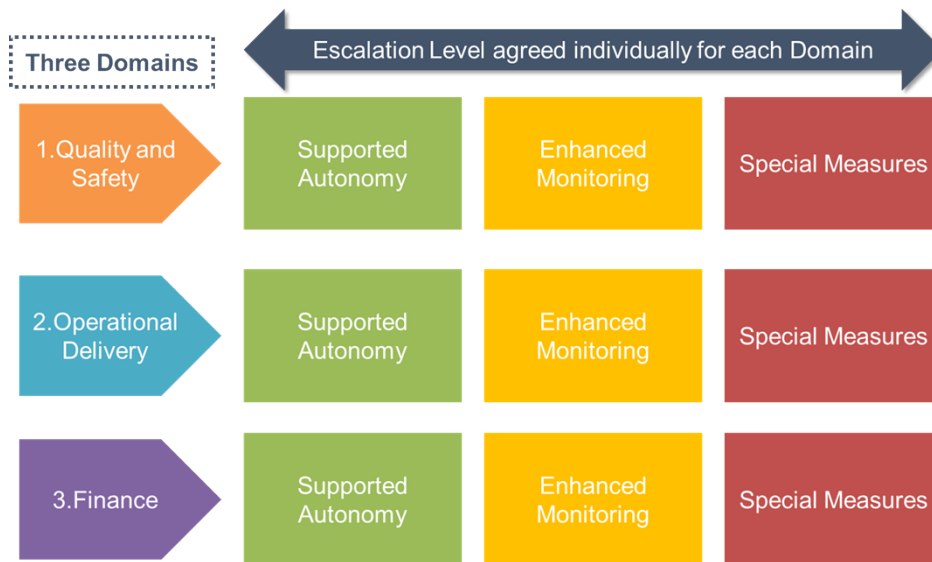
ADRODDIAD SCAA SBAR REPORT	
<u>Sefyllfa / Situation</u>	
<p>In line with the Performance and Accountability Framework (PMF) 12 monthly reviews took place from April through to June. These meetings are Chief Executive led and provide opportunity for Divisions to be reviewed on delivery in the preceding 12 months. The reviews draw out the positive achievements as well as the challenges and risks. There is also a forward look to the next phase of priorities and delivery.</p>	
<p>These meetings have been supported by a standard agenda and a set slide and data pack. The meetings were scheduled as per below:</p>	
<p>Schedule of meetings</p>	

Date	Directorate	Status
23 April	Medicine	Complete
9 th May	Urgent Care	Complete
15 th May	Family & Therapies	Complete
15 th May	Clinical Support Services	Complete
20 th May	Facilities and Estates	Complete
22 nd May	Primary Care	Complete
6 th June	Mental Health & LD	Complete
12 th June	Scheduled Care	Complete
13 th June	Complex Care	Complete

The purpose of this report is to confirm the escalation levels of Division post the 12-month review process and delivery up to quarter 1.

Cefndir / Background

In September 2023 the Board approved the Performance and Accountability Framework (PMF). Section 6 of the PMF sets out the arrangements for escalation using the 3 x 3 model set out below.



The PMF allows for consideration of escalation levels to occur at any time in line with triggers in the same section. However, as a minimum, a formal review of status should occur every 6 months.

Whilst this paper focuses on escalation levels, there has been broader progress in implementing the PMF since the last update including:

- Accountability letters for all Directors issued, covering the broader spectrum of deliverables over and above budget delivery and include individual objectives,
- Accountability letters issued to all Divisional Directors complementing the budget allocation and confirming delivery expectations,
- The planning cycle for 23/24 was much more explicit about delivery expectations alongside clear milestones and clarity on delivery mechanisms – this further strengthened the accountability letters

- In year review of the structured Quarterly Outcomes Report strengthened reporting and performance reviews.

Current escalation levels:

The extant escalation levels prior to current review are set out in table 1 below. To note, the Mental Health Division was escalated to Special measures prior to the Performance Management framework being agreed. Other escalation levels were agreed following six monthly reviews. These escalation levels were formally communicated to Divisions in November 23.

Table 1 – Extant Escalation levels

CURRENT			
OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estate	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Scheduled Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Complex Care	Normal Arrangements	Normal Arrangements	Normal Arrangements
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Enhanced Monitoring
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Special Measures	Special Measures	Enhanced Monitoring
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Normal Arrangements

Assessment

This section sets out the revised escalation status as agreed by the Executive Committee and the evidence upon which the decisions were made.

Revised status

It is for the Executive Committee to decide the escalation levels and report the agreed levels into the Finance & Performance and PQSOC Committees. The executive team have considered escalation levels in the context of:

- Outcome of 12-month reviews
- Operational delivery for 23/24 and into Quarter 1 24/25
- Consideration of any prevailing quality concerns
- Mth3 (quarter1) financial position

Based on these considerations the following escalation levels were agreed

Table 2 – Escalation proposal

PROPOSED			
OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estate	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Complex Care	Normal Arrangements	Normal Arrangements	Normal Arrangements
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Enhanced Monitoring	Enhanced Monitoring
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Normal Arrangements

Summary changes are:

- Facilities and Estates – De-escalated to normal arrangements for finance
- Surgery Division – no change
- Complex Care Division– no change
- Urgent Care Division – remain in enhanced monitoring for Quality and Safety and delivery but de-escalated for finance
- Medicine Division – no change
- Primary Care Division – no change
- Mental Health Division – de-escalated from special measures to enhanced monitoring for Q&S and operational delivery
- Family and Therapies – no change
- Clinical Support Services – no change

Rationale for this position is set out below:

Finance escalation levels

These were considered in line with Q1 financial delivery and forecasts in line with the triggers set out in the PMF [*Where corporate directorate or divisional level budget is overspending by more than £0.5m Year to date or £1m forecast*]

Urgent Care

The reason for maintaining the escalation status for Urgent Care at enhanced monitoring for quality and safety and operational delivery:

- National escalation of Emergency Department in GUH to enhanced monitoring and key areas for actions and improvement, clear escalation criteria agreed.
- Concerns at the sustained implementation of the Safety Flow Model. There is recognition of improvements and longer-term projects planned to improve flow, and the escalation will be reviewed against progress when these are operational.
- Significant waits to be seen remain an ongoing issue for the Division and future assurance required that there is leadership focus on improving this in advance of improvements to waiting areas (via the ED extension BJC) given the significant risk to patients

Mental Health

The Mental Health and Learning Disabilities Division has been in special measures since summer 23 following a series of quality concerns It is proposed that the Mental Health Division are de-escalated for these domains to enhanced monitoring. The rationale being:

- Progress in delivery of the improvements identified as part of HIW inspection, as evidenced in HIW return visits, (Positive report received from HIW on Inpatient Unit – Ty Lafant)

- Progress in delivering sustainable improvements in operational delivery. Whilst there is still a long way to go, the sustained improvements and operational grip on delivery of the Part 1a and Part 1b measures is welcomed
- Strengthened approach to visible and engaged leadership
- Better processes for learning from deaths.

Continuous reporting on quality, safety, and governance within the Mental Health and Learning Disability sectors will continue through various committees, the Board, and externally via IQPD. The Division will conduct bi-weekly Divisional Assurance Meetings to maintain a consistent emphasis on the path to improvement.

Response to escalation levels

In line with the PMF the following response in terms of monitoring and support has been taken or is suggest as per below:

Table 3 – Responses to escalation

DIVISION	ESCALATION LEVEL	RESPONSE
Mental Health	Enhanced Monitoring for operational delivery and Quality and Safety	<ul style="list-style-type: none"> • The Division will conduct bi-weekly Divisional Assurance Meetings • Monthly assurance meetings with COO and EDON • Monthly interface meetings with NHS Executive (Performance and Assurance) – frequency will be reviewed in December 24 • Continued improvement plan with continued assessment against progress • Regular reports to Executive team and through to PQSOC • Included as part of IQPD updates
Urgent Care	Enhanced Monitoring for operational delivery and Quality and Safety	<ul style="list-style-type: none"> • Weekly assurance meetings led by COO • Actions and metrics aligned to national oversight • Continued improvement plan with continued assessment against progress • Monthly reporting via IQOD • Updates through to Executive Committee
Divisions in escalation for finance	Enhanced Monitoring for finance	<ul style="list-style-type: none"> • Additional special budget arranged for 5th September 2024 • Actions to be followed up via Divisional Assurance meetings • Divisional financial performance into monthly Divisional Value and Sustainability, chaired by CEO

All Divisional Directors have been written to confirming the position as set out in this paper. These letters, in conjunction with their Divisional Accountability letters clearly set out the expectation for delivery.

12-month review of Performance and Accountability Framework

In September 2024 the PMF will have been in operation in the Health Board for a full 12-month cycle. The framework will be reviewed with an update to come back to the December F&P committee members. The approach for review is being developed but committee members will have the opportunity to feed into the 12-month review.

Argymhelliad / Recommendation

The Committee is asked to NOTE the update provided.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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 Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

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:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Yes, outlined within the paper
<ul style="list-style-type: none"> • Service Activity & Performance 	Yes, outlined within the paper
<ul style="list-style-type: none"> • 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/	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



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Government’s escalation of the Health Board - Update September 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director of Planning and Performance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

The purpose of this report is to update the Finance and Performance Committee on the Health Board’s status under the ‘Welsh Government’s Oversight and Escalation Framework – NHS Organisations (January 24)’ and set out the actions in train to support de-escalation.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In January 2024 Welsh Government issued an Oversight and Escalation Framework – NHS Organisations (“The Framework”). [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://www.gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)

The framework sets out the 6 domains of escalation and 5 levels of escalation:



Levels 1-2

Routine Arrangements (Level 1)

Area of concern (Level 2)

Levels 3-5

Enhanced Monitoring (Level 3)

Targeted Intervention (Level 4)

Special Measures (Level 5)

The escalation status of NHS Organisations is considered at least twice a year via a tri-partite process between Welsh Government, Audit Wales and Health Inspectorate Wales.

Status levels are communicated from the Chief Executive of NHS Wales to NHS Organisations. Where there are changes in escalation, an escalation framework document is developed for joint sign off with the NHS organisation which sets out the conditions and de-escalation criteria required.

This paper sets out the detail of Aneurin Bevan's national escalation levels and actions in train to de-escalate.

Cefndir / Background

In September 2023, the Health Board was escalated to Enhanced Monitoring (EM Level 3) for '*Finance and Planning*' and in February 2024, the Health Board's escalation levels were increased to Targeted Intervention (TI - level 4) for *Planning and Finance*. In addition, the Health Board was moved from Routine Arrangements (level 1) to Enhanced monitoring (level 3) for '*performance and outcomes related to Urgent and Emergency Care at the Grange Hospital*' with the internal escalation noted for Mental Health Services.

The requirements associated with the national escalation are set out in the Health Board's bespoke Escalation Framework. The Health Board's Framework is attached in Appendix 1 and sets out:

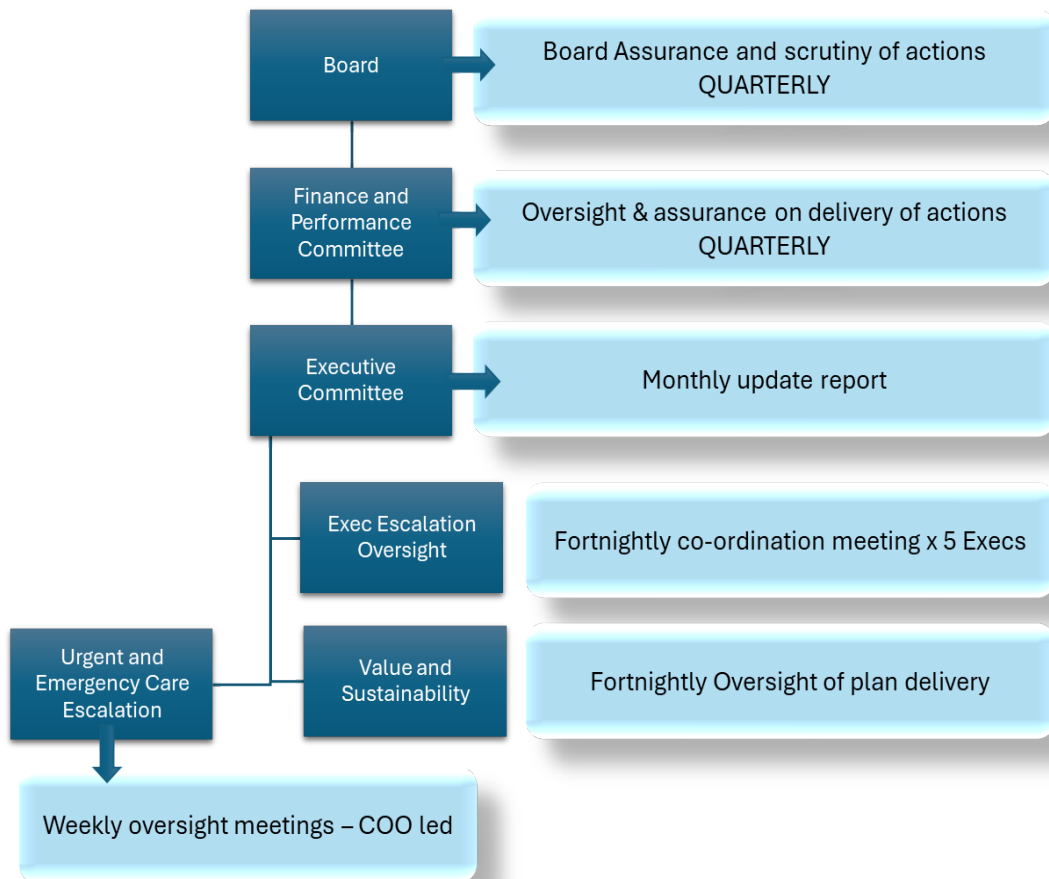
- The oversight and reporting arrangements,
- Roles and responsibilities,
- The expected outcomes from the escalation process,
- The de-escalation criteria for both TI and EM domains.

In response to this, the internal oversight arrangements required to steer and coordinate activities were reviewed and aligned to the external arrangements. These arrangements are summarised below as follows:

Table 1 – Summary oversight arrangements

AREA OF ESCALATION	INTERNAL OVERSIGHT	EXTERNAL OVERSIGHT MTG
Enhanced monitoring – GUH ED	COO led oversight meeting with Operational & Clinical leads– Weekly Executive Team – Increased to weekly Finance and Performance Committee – Quarterly Board	IQPD - monthly
Targeted Intervention – Finance	Value and Sustainability Board – fortnightly cycle Performance management arrangements Finance and Performance Committee – Quarterly Board	Finance Touchpoints with FDU and WG – Monthly
Targeted Intervention – Strategy & Planning	Exec Oversight meeting Executive Team Planning Committee Board	Planning Touchpoints - monthly
All escalation oversight	Executive Team Finance and Performance Committee – Quarterly Board	Quarterly escalation meeting with WG – Quarterly JET – 6 monthly Chair meeting with Cabsec*

Internally the following reporting arrangements have been established in line with requirements:



The Health Board’s escalation status was again reviewed via the national tri-partite process in July 2024 and communication was received to confirm that the escalation levels were to remain as per the February escalation. The correspondence from the

Chief Executive of NHS Wales also set out a number of areas that whilst not meeting any escalation threshold, were noted as areas to keep under close review. These were:

- Level of improvement in submitted planned care trajectories,
- Leadership, culture and quality issues in Mental Health services
- A high number of overdue National Reported Incidents (NRIs),
- Increased infection rates and the need for the health board to deliver a robust improvement plan to tackle these,
- A number of high-profile quality issues including those linked to the mortuary services and coroner’s inquests.

Targeted Intervention - Action against de-escalation criteria

In response to the framework the Health Board have confirmed to following responsibilities:

ROLES	LEAD
Health Board Lead	Chief Executive– Nicola Prygodzicz
Health Board SRO	Director of Strategy, planning & Partnerships – Hannah Evans
Finance Lead	Director of Finance – Rob Holcombe
Strategy - Planning Lead	Director of Strategy, planning & Partnerships – Hannah Evans
GUD ED Lead	Chief Operating Officer - Leanne Watkins
Governance and Assurance Lead	Director of Corporate Governance – Rani Dash

The national escalation framework sets out the expected outcomes which are expected to be achieved for de-escalation:

Finance	Strategy & Planning	Performance and Outcomes
<ul style="list-style-type: none"> • Demonstrate both a robust financial & control environment through undertaking a review of the financial management arrangements in place, • Clarity on drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources. • Clear policies and processes supporting the identification, delivery and monitoring of all savings schemes including a clear and robust Opportunities Framework (and Pipeline) • Demonstrate a clear strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; • Evidence clear improvement in the planned financial trajectory for 2024/25 including significant progress towards delivery of the Target Control Total 	<ul style="list-style-type: none"> • Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB’s longer-term ambition. • Refresh the health board’s clinical services strategy, underpinned by clinical and public engagement. 	<ul style="list-style-type: none"> • Improved access across urgent and emergency care including: <ul style="list-style-type: none"> • a sustained reduction in ambulance handovers, • a reduction in the time to be seen by a clinician, • reduction in the number of pathways of care delays and • delivery of effective flow through the Grange University Hospital.

The framework also sets out the de-escalation criteria:

For Targeted Intervention these are:

Finance

1. The Health Board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan, including actions to improve the organisation's understanding of the existing deficit, key drivers and development and realisation of opportunities.
3. Annual Plan developed with Board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

Strategy and Planning

1. Submission of a balanced and credible three-year Medium-Term Plan or acceptable Annual Plan, in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the Health Board's Clinical Services Plan.
3. Welsh Government's confidence in delivery based on an assessment against the Planning Maturity Matrix.
4. Delivery of commitments set out within the Annual Plan, particularly in relation to the ministerial priorities.

For Enhanced monitoring these are:

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

Asesiad / Assessment

This section sets out a summary of the position against the conditions and criteria and progress to date.

Finance - Targeted Intervention

Financial Control environment:

Significant volume of evidence provided to Finance Performance & Delivery (FP&D) department of the NHS executive to support evaluation, including Board reports, audit reports, Finance & Performance Committee reports. Additional internal process documentation. Awaiting the assessment from the FP&D.



Regulatory Governance Framework

The Health Board has well established arrangements to ensure that public funding is used within delegated responsibilities and applied in the most cost effective way to ensure value for money.

These arrangements include:

- Standing Orders
- Standing Financial Instructions
- Scheme of Delegation
- Financial Control Procedures
- Audit & Risk Committee
- Counter Fraud arrangements

These align with Welsh Government guidelines and are approved by the Board. They are tested for adequacy and compliance as part of independent Audit arrangements.

Structural Governance

- Board
- Finance & Performance Committee
- Audit Risk & Assurance Committee
- Executive Committee
- AB Value & Sustainability Board
- Delegated budget holder arrangements
- AB Performance & Escalation Policy

Statutory Responsibilities

- Formal Reminder for Board, Exec & below of financial duties

Board Approval of IMTP Financial Plan & Savings Plans

- Formal Presentation following several detailed briefings to the Board of the process to develop the IMTP/Annual Plan & costs/savings plans
- Integrity of financial planning – organisational ownership 'Budget holder to Board'
- Board approval & ownership
- Communicated down through whole organisation

IMTP Financial Recovery Approach

The IMTP has previously established the ABUHB savings approach. The Four key elements of the sustainability approach are identified and a high level summary of how the approach is being operationalised and implemented is included.

The 4 key elements include:

- People Focussed
- Support to drive transformational change
- Autonomy & Accountability
- Monitoring & reporting & holding to account



People focussed

Establishment of Senior Leaders Group
 Regular facilitated financial recovery sessions with budget holders
 Regular messaging has been issued by the CEO to all staff
 A staff 'savings' suggestion box has been implemented
 New Budget holder training pack issued on internet
 Financial management and Procurement training provided
 Re-invigorating 'THRIFT' mentality

Support to drive Transformational change

Six goals programme
 Planned care programme
 Discharge support project
 COTE project
 MSK project
 eLGH programme
 VBHC programme

Autonomy & Accountability

New Budget setting approach implemented for 2023/24 & 2024/25
 Delegation letters (finance/workforce/performance)
 Budget holder governance 'self-assessment' checklists issued on intranet
 Divisional level governance checklist issued

Other Enabling Actions

Variable Pay Group
 Non-Pay Group
 Efficiency Opportunities & best practice Compendium
 Business intelligence, ABCI & Value project work
 ABUHB & National VS&B

Monitoring reporting & holding to account

Comprehensive revised financial reports to Executive Committee, Finance & Performance Committee and Board, including in depth board briefing sessions.
 Efficiency Board established – now Value & Sustainability Board

ABUHB– Financial Control Environment

Specific financial governance includes:

- Well established and comprehensive systems to support financial governance and internal control, including procurement, workforce and financial systems
 - Clear Scheme of Delegation
 - Effective Financial Control Procedures
 - An effective Finance Directorate structure and appropriately trained and qualified finance directorate team
 - Effective budget holder financial support
 - Clear communication & learning provision of the financial controls to all staff throughout the organisation.
 - Financial training packages – induction, procurement, financial systems, budget holder
 - Self assessment control checklists
 - Regular Clear, accurate and timely financial reporting mechanisms – from budget holder to Board – current & forecast position
 - Additional Briefings sessions on financial performance, governance and issues to Board, Sub committees, Executive Committee, System Leadership Group
 - Business Case Investment Scrutiny Panel – ‘Pre-Investment Panel’ & Staff Scrutiny Panel.
 - Comprehensive & transparent financial planning models based on workforce and service assumptions.
 - Identification of financial opportunities and risks.
- External Scrutiny and Assessment of system effectiveness through Audit arrangements

Self Assessment Control Checklist issued–
Regular review and RAG rated to Finance & Performance Committee
–expected movement to green

ABUHB DIVISIONAL AND DIRECTORATE LEVEL CONTROL ASSESSMENT

Division: _____
Directorate: _____
Completed by: _____

OPERATIONAL CONTROL CHECKLIST

SPRINT AREA	KEY ACTIONS	IN PLACE? Y/N	RAG RATING	ACTIONS TO IMPLEMENT AND BY WHEN?
BANK	1. Incorporate staffing policy in plan 2. Fully implement the new system into the bank 3. Review pay list and consider with pay list in incentive 4. Staff and clinical bank			
AGENCY	Clear processes for agency booking (and commission) Ensure appropriate deduction for agency staff break & lunch Review substitution time, agency and commission across sites			
ROSTERING	1. Rostering should be fully deployed Annual leave, shift leave should be clearly managed throughout the year Rosters should be approved in a timely manner Contracted hours to be fully costed Shiftwork management			
OTHER PAY CONTROLS	Line managers to notify HR of leaving dates Create an early finish date for leavers Ensure compliance with the S&L to the Statement policy Workforce/Agency control panel			
MEDICAL LOCUMS	Implement the S&L bank Process agreed to book medical services (no direct approach) Ensure appropriate deduction for agency staff break & lunch Ensure mobile claims are well managed with site travel			
MEDICAL ROTAS	Clear timeline for submission of rotas Ensure alignment of rotas to job plans Ensure additional services allocated Monitor medical annual leave			
WORKING LIST INITIATIVES	Ensure consistent process across organisation Provide clear demonstration that working list has been utilized Ensure approval level is appropriate			
PROCUREMENT	Address clinical reference variation in a targeted manner Review and reduce those able to negotiate and order Continue to enforce the Top 100 No P&M policy			

Signed Off
Divisional Manager: _____
Divisional Director: _____
Date: _____

Assessment	Outline Description
Low	Controlled controls in place and identified/adequate with significant gaps identified which need to be addressed
Medium	Controlled controls in place as deemed adequate, however some gaps have been identified which need to be addressed
High	Identified controls in place are deemed robust

	PCCS	CHC	IMH & LD	SCH	MED	URG	F & T	CSS	E & F
Bank	82%	100%	46%	49%	62%	75%	49%	40%	N/A
Agency	92%	100%	100%	78%	100%	100%	100%	86%	100%
Rostering	88%	71%	100%	89%	70%	100%	92%	73%	95%
Other Pay Controls	98%	100%	100%	92%	83%	100%	87%	69%	95%
Medical Locums	88%	N/A	64%	65%	68%	75%	85%	86%	N/A
Medical Rotas	100%	N/A	67%	100%	71%	100%	76%	75%	N/A
Working List Initiatives	100%	N/A	50%	100%	100%	N/A	100%	60%	N/A
Procurement	79%	50%	92%	37%	78%	100%	85%	67%	81%

Deficit analysis:

Multi year analysis provided to the FP&D, including Board financial plans and budget reporting, underlying analysis and drivers shared, including Annual plan detailed workings.

Underlying deficit 2024/25	2024/25 Deficit / (surplus) (£'m)
WG 2023/24 non-recurrent funding utilised to support workforce cost growth including variable pay	14.4
Medical staffing cost increases due to operational acuity including ED safer staffing and demand	12.6
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and urgent care	11.8
CHC	10.3
Medicines management (prescribing and acute drug costs)	18.8
Covid legacy (estates & facilities)	7.4
WHSSC/ EASC (service growth in excess of funded levels)	6.0
Total underlying deficit b/f into 2024/25	81.4

Improved 2024/25 Forecast:

At month 4 the ABUHB has further de-risked the plan by reducing the forecast and confirming savings plans. The Health Board is forecast to deliver a likely deficit of **£47.860m** at year-end, an improvement of £1.04m.

The improvement was driven by:

- CTM arbitration (£1.5M),
- WHSSC forecast over-performance +£0.7m,
- operational pressures such as drugs +£0.9m, and
- assumed income for PADM's / dispensing Doctors (£1.1m)

As at month 4, forecast savings are £42.3m with no further pipeline target required to reach the £47.860m forecast deficit at present. Mitigating actions would be required for additional operational pressures, for non-delivery of forecast savings or to improve the position.

Other areas are currently being examined which may develop into further savings plans to mitigate the risks include:

- CHC package reviews
- Corporate non-pay and litigation cost reductions
- Income / funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments, including usage of specialist rates
- Further medicines management schemes
- Prescribing cost avoidance, off-patent and related reviews
- National V&SB opportunities

Actual savings delivered to date for 2024/25 are £9.9m.

Risks remain for operational pressures, savings achievements, full receipt of allocations and other external influences.

Recurrent Financial Balance: 3 Year Road Map

At its meeting in July 2024, the Board approved a three-year route map to sustainability which provides greater granularity and detail on how this could be achieved, based on known opportunities and a pragmatic assessment of funding and cost outlook for the next two years. The following areas have been identified for future service plans, including:

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

The route map forecast indicates that, as a best-case assessment, the Health Board could achieve WG's control total of £13m at the end of 2025/26 and could achieve financial balance at the end of 2026/27. Due to the uncertainty around allocations and cost growth there are risks to this forecast and the assumptions made.

The development of the next level of detail will be progressed as part of the planning cycle for 2025/26

Opportunities Pipeline:

The Board has an established Value & Sustainability Board structure described below, this will be the mechanism for progressing opportunities to improve the financial position and achieve the 3-year route map.

ABUHB–Savings Delivery



ABUHB V&S Board – CEO led, 2 weekly, executive leads and divisional director membership

The thematic workstreams, along with respective leads, established within the financial recovery and sustainability programme of the Value and Sustainability Board where savings delivery and pipeline opportunities are considered and where the 3 year recovery plan will be developed and monitored:

Thematic group	Executive Lead
Workforce	Director of Workforce & OD
Medicines Management	Director of Public Health
Prevention	Director of Public Health
Non-Pay	Finance Director
Continuing Health Care	Chief Operating Officer
Service Redesign	Director of Planning & Partnerships
Digital	Director of Digital

Clinical Advisory Forum for QIA of proposals

Specific actions agreed by the Board include -

Pay controls:

- No Elective WLI's
- Revising variable pay arrangements
- Establishing a vacancy scrutiny panel
- Freeze all administrative consultancy across the health board

Non-essential non pay controls:

- Limit attendance to external conference venues
- Enhanced IT equipment scrutiny & re-deploy assets
- Freeze office equipment and furniture purchases

Governance:

- Further training for staff related to finance and procurement
- Self-assessment governance control checklists issued to Divisions for review and improvement

Communications:

- Regular staff briefings and messaging
- Staff suggestion box launched with over 300 ideas received and being considered

Planning – Targeted Intervention

The process for development of a credible annual plan against the 3-year balanced plan is being assessed against the established Maturity Matrix and implemented through the 3-year road map set out and approved by the Board. The assessment and update which have informed the following changes and response is being provided to the Partnership, Population Health and Planning Committee and the Executive on 30 September 2024.

For the 2025/26 planning cycle there is strengthened governance and oversight arrangements and a timetable for the next planning cycle and reflecting the 3-year Route Map to Service and Financial Sustainability presented to the Board on 17th July 2024.

In addition, there is an updated proposed approach to integrated performance monitoring of the 2024/25 Annual Plan including input from all the teams included as enablers in the plan.

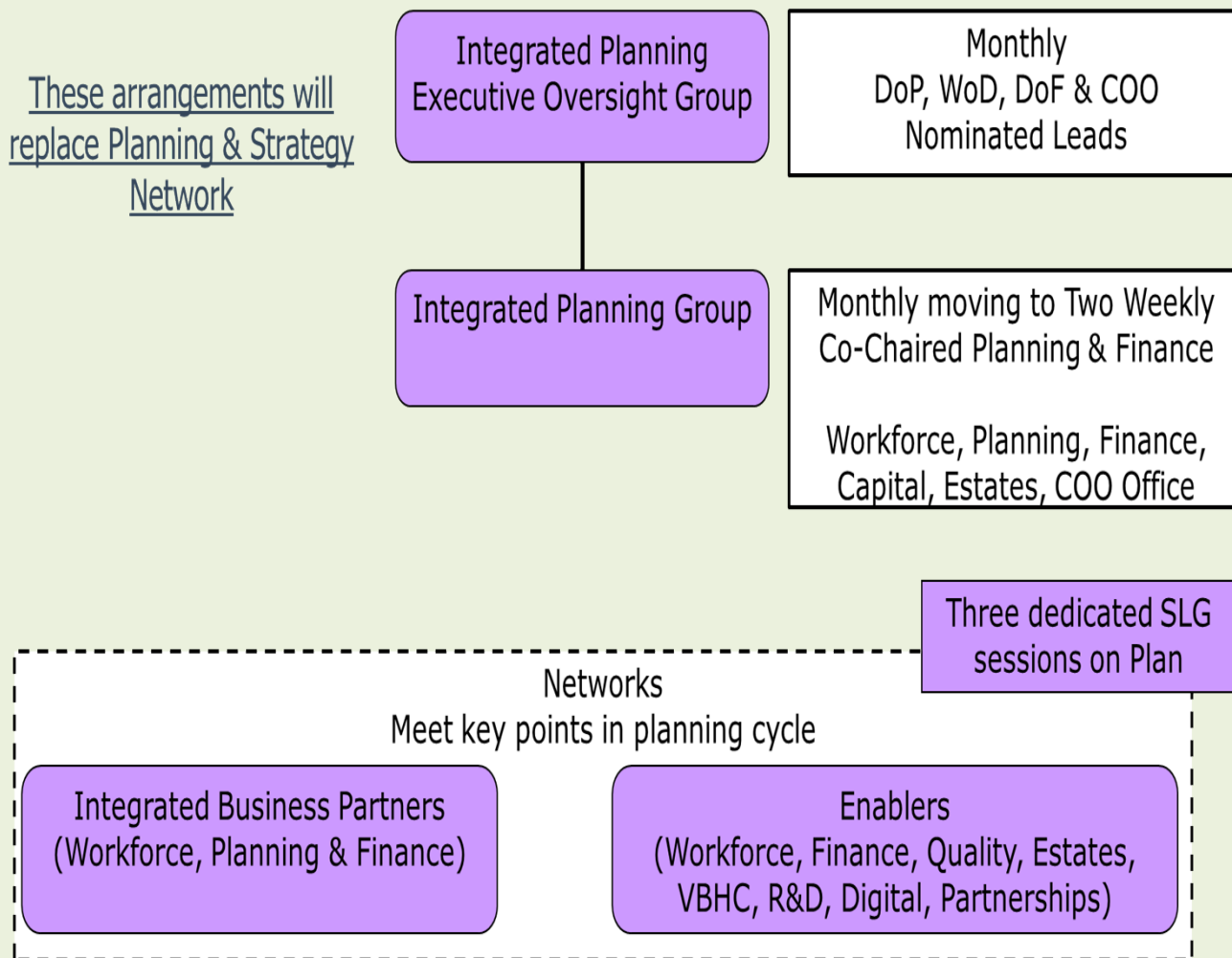
Taking onboard learning from the recently completed planning cycle and recognising the need to maintain momentum to support achieving financial sustainability.

The approach will:

- Further strengthening of integrated planning
- Give a stronger and clearer executive steer on planning parameters
- Greater understanding of staff in post and variable pay usage
- Greater understanding of core activity and efficiency opportunities
- Develop divisional plans to achieve financial sustainability

The process includes the following additional steps than last year.

- Process brought forward, for example, Demand and Capacity baseline assessments commenced in July
- Strengthening of internal Planning parameters/expectations/messaging issued to Divisions and NCNs
- Scheduled presentations at System Leadership Group to launch the planning cycle, agree demand and capacity outputs and agree delivery mechanisms for cross-cutting workstreams
- Through business partner support the development of a division integrated plans which includes planning, workforce and finance requirements in one document



The format of the division integrated plan is outlined in three sections;

Division Integrated Plans

1. <u>Planning</u>	Delivery Plan: Milestones, Workforce, Finance, Benefits & Risks
	Efficiency Targets: Quarterly trajectories
	Bed Plan: Funded WTE
	Interdependencies and Risks
	Discretionary Capital Requirements
	Service Change
	Enablers: Intents & Opportunities e.g. Digital, estates
2. <u>Workforce</u>	Staff in Post and WTE workforce requirements (investment, savings)
	Retirements and Turnover
	Variable Pay
	Educational Commissioning
3. <u>Finance</u>	Financial Plan
	Risks
	Opportunities
	Inflationary Pressures
	Savings

The key milestones are set out below:

July	<ul style="list-style-type: none"> Establish Integrated Planning Group Division/ Directorate D&C Sessions including activity costs, staff in post and variable pay
Aug	<ul style="list-style-type: none"> Division/ Directorate D&C Sessions including activity costs, staff in post and variable pay
Sept	<ul style="list-style-type: none"> Dynamic Planning Data Sessions, informed by Demand and Capacity Efficiency Targets Agreed Organisation System Change and Commissioning Intentions Agreed
Oct	<ul style="list-style-type: none"> Demand and Capacity Model agreed for 25/26 Division Integrated Framework issued supported by Divisional Information Packs which include Commissioning Intentions
Nov	<ul style="list-style-type: none"> Integrated Division Plans completed
Dec	<ul style="list-style-type: none"> Integrated Division Plans completed
Jan	<ul style="list-style-type: none"> Division sign off Integrated Division Plan Submission of Integrated Division Plan
Feb	<ul style="list-style-type: none"> Delivery of cross cutting workstreams identified and tested Exec prioritisation of investment opportunities

Progress to restate and reframe the organisation's clinical strategy from Community to Specialist services reflecting the regional context.

The diagram visualises the Plan and the two key focus areas is the model configuration of NHH and estate, and the regional acute clinical services strategy.



The work on a regional clinical services plan will focus on development of single acute clinical service strategy referring to surgery, specialist medical treatment, consultation or therapy. A kick off meeting was held in July with a clear timescale and objectives to achieve and approved strategy by Quarter 4.

There is clear alignment between the next phase of clinical model development (with a focus on eLGHS and NHH) and the service reconfiguration required for the three-year route map.

There is a commitment for a SOC on Nevill Hall to be developed by December 2024. This timeframe is being tested with professional advisers who are now onboard the project and in view of the advice on engagement requirements and testing of scope of project.

Performance and Outcomes – Enhanced Monitoring

Urgent and Emergency Care pathways at GUH

Focus and progress continues through the Six Goals Programme and the action plan for Enhanced Monitoring to realise improvements in the Urgent and Emergency Care pathways at GUH, the focus of these improvements are:

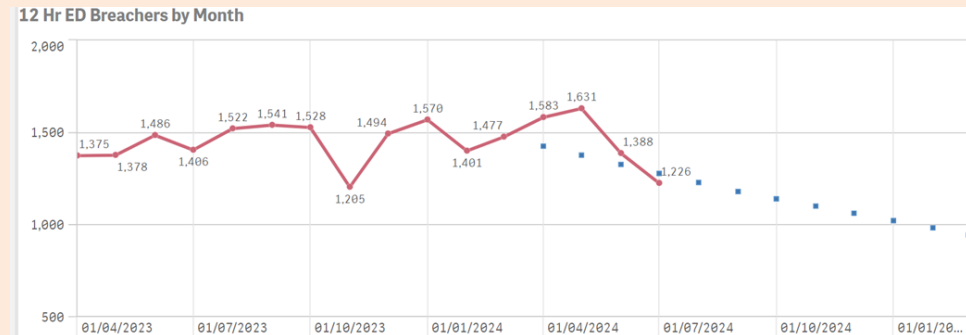
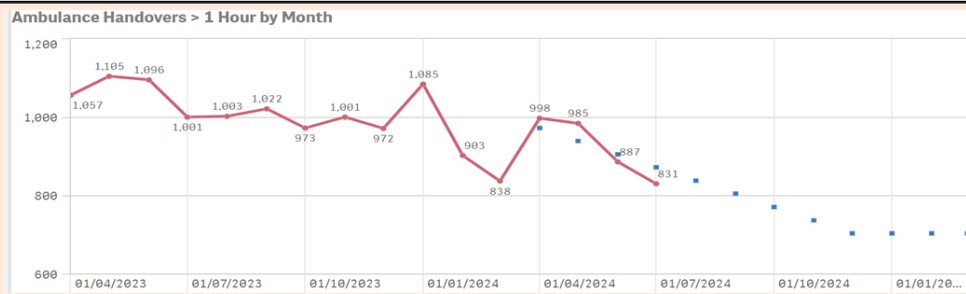
- Reduction in the number of Ambulance handovers over an hour;
- Reduction in the “wait to be seen” time by a clinical decision maker; and
- Time spent in the ED over 12 hours.

The Health Board’s Enhanced Monitoring Action Plan in Appendix 2 sets out the range of agreed actions mapped to metrics and timelines. There have been noticeable benefits from a GIRFT visit and the feedback is currently being reviewed against the action plan.

Developments implemented include:

- Establishment of Acute Frailty Response at the front door;
- Hospital 2 Home initiative, implemented across three localities, supporting early discharge from hospital and prevention readmission, positive patient outcomes, reducing longer term care needs by promoting an enablement ethos;
- A ‘Ready to Go’ unit has been established at the Royal Gwent Hospital to create a pull model from medical wards when the patient is deemed clinically optimised for discharge, facilitating timely discharge of patients;
- A new digital solution has been developed (CWS2) which captures clinically optimised status, D2RA pathway and red to green status; and
- Continued roll out of the All-Wales Optimising Patient Flow Framework across all sites and ongoing focus on the implementation of SAFER principles across all sites.

At the end of Q1 there has been improved performance in the number of ambulance handovers over an hour, a reduction in ambulances hours lost, and time spent in the ED. These metrics are the all-Wales ministerial priorities (similar but different to the Health Boards de-escalation metrics)



Progress against actions, and associated impact on metrics, are tracked through the COO led weekly oversight meetings in GUH. There is good consistent senior operational and clinical attendance and engagement from across divisions and Executive support. As outlined above, progress is externally monitored through the Enhanced Monitoring Review which forms part of the IQPD monthly meetings with Welsh Government.

July 24 escalation letters – additional areas of concern

Following the recent tripartite review led by Welsh Government, it was confirmed that the health board was to remain in current levels of escalation. A number of areas of concerns were identified though as per below:

- Mental Health
- Planned Care
- Nationally reportable incidents
- Infection rates
- Quality Issues relating to mortuary incidents

The Health Board responded to this letter and for each area confirmed the current position, progress and oversight arrangements for these issues. There is considerable focus on planned care delivery via the executive committee and ongoing dialogue with Welsh Government regarding opportunities to go further than current trajectories. The quality and safety issues are also reported via Executive Committee and into PQSOC and Board members briefed as appropriate.

Argymhelliad / Recommendation

- The Finance & Performance Committee is asked to **NOTE** the update provided.

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

Cyfeirnod Cofrestr Risg SRR 007
 Corfforaethol a Sgôr Cyfredol:

Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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 Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
Effaith: (rhaid cwblhau) Impact: (must be completed)	
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

<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<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>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</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>

Appendix 1 -Escalation framework and Enhanced monitoring baseline metrics



Official Sensitive -
ABUHB - Escalation I

The Grange University Hospital Emergency Department, Aneurin Bevan UHB																	
GUH Emergency Department	Baseline Nov-23	De-escalation Requirement	Dec-23	Jan-24		Feb-24		Mar-24		Apr-24		May-24		Jun-24		Jul-24	
				Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month	Actual	Difference from previous month
Ambulance handovers over 1 hour	859	528	821	903	10.0% increase	728	19.4% reduction	691	5.1% reduction	831	20.3% increase	830	0.1% reduction	721	13.1% reduction	697	3.3% reduction
% of patients waiting 12 hours or more in ED	15.8%	5%	19.0%	19.6%	0.7 percentage point increase	19.2%	0.5 percentage point reduction	18.6%	0.6 percentage point reduction	21.2%	2.6 percentage point increase	20.6%	0.6 percentage point reduction	18.5%	2.2 percentage point reduction	16.4%	2.1 percentage point reduction
Median time from arrival at ED to assessment by a clinical decision maker (mins)	142	60	178	179	2 mins slower	169	10 mins quicker	171	2 mins slower	185	14 mins slower	206	21 mins slower	202	4 mins quicker	165	37 mins quicker
GUH Emergency Department only - Enabling measures																	
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission for Aneurin Bevan ³	753	643	743	807	8.6% increase	784	2.9% reduction	780	0.5% reduction	759	2.7% reduction	772	1.7% increase	683	11.5% reduction		
Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment	18	15	13	19	46.2% increase	23	21.1% increase	27	17.4% increase	7	74.1% reduction	13	85.7% increase	9	30.8% reduction	14	55.6% increase
Proportion of all Wales responses to ED Patient Experience Survey received by Aneurin Bevan	<1%	19% ¹				1.2%											
Average Experience Rating to ED Patient Experience Survey		7.47 ²				5.99											
Measure	Baseline Q3 23/24	De-escalation Requirement	Q3 23/24	Q4 23/24													
				Actual	Difference from previous quarter												
Number of new complaints received during the quarter where the complaint setting was the emergency department	48		48	57	18.8% increase												

¹ Based on population size of Aneurin Bevan UHB as a proportion of all Wales population (mid year 2022 population estimate sized used)

² Based on all Wales rating as at 7/2/24 (taken from Beacon dashboard)

³ Data is subject to revision each month. DHCW data extract used to calculate baseline taken at 9/4/24.

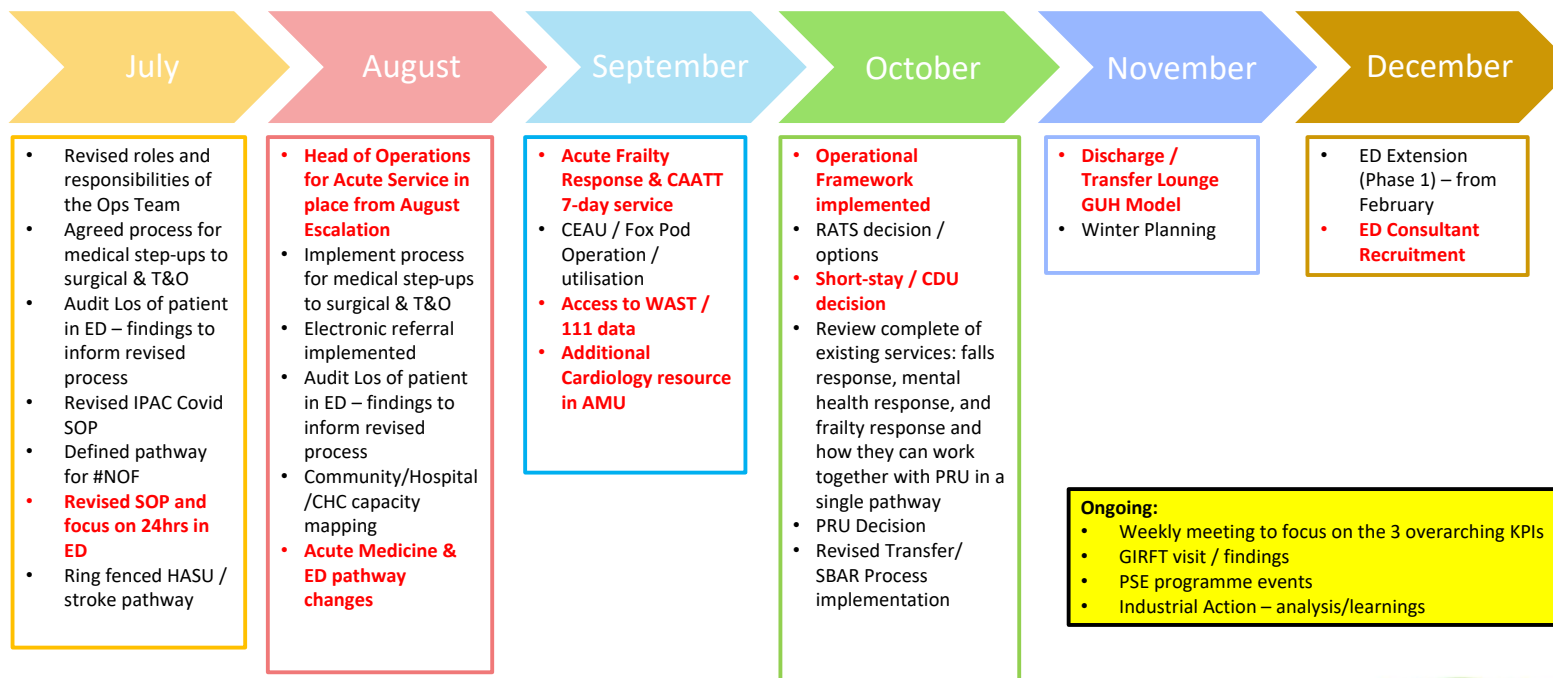
⁴ Based on date the NRI was reported to the NHS Executive, location set as 'Acute / General Hospital - Emergency Department'.

Appendix 2 Summary of actions for Enhanced Monitoring mapped to metrics

Ambulance Handover >1hr focus	WTBS push to 1hr focus incl. triage	Time in ED department <12hr focus	Misc./Wider support
<ul style="list-style-type: none"> Escalation process of actions incl. 2 & 4 hours - Steve 	<ul style="list-style-type: none"> E Triage – maximisation and evaluation – Chris 	<ul style="list-style-type: none"> Short – stay / CDU – Alistair 	<ul style="list-style-type: none"> E-referrals process – James C
<ul style="list-style-type: none"> WAST Flow centre compliance tracking re eLGH options – Carl L 	<ul style="list-style-type: none"> Business Case for Consultants – Owain 	<ul style="list-style-type: none"> 24hrs in ED refresh focus – Steve 	<ul style="list-style-type: none"> GIRFT – GP Expected – Protocol for GP expected that come to ED into assessment areas – Charlotte
<ul style="list-style-type: none"> Ambulance timely assessment – As per WAST request for portering in December 	<ul style="list-style-type: none"> Assessment space hold/SOPs/ring fenced - Paul 	<ul style="list-style-type: none"> GIRFT – Direct to specialty referral when under pressure – Owain or nominated ED consultant 	<ul style="list-style-type: none"> System to track on the day / next day staffing issues – Paul / Tracy / Julie
<ul style="list-style-type: none"> PRU case development and decision 	<ul style="list-style-type: none"> Triage Working Group Outputs and changes - Chris 	<ul style="list-style-type: none"> Acute Frailty Response & CAATT feedback and developments to 7 days 	<ul style="list-style-type: none"> Community/Hospital/CHC capacity mapping – Linda
	<ul style="list-style-type: none"> Service model for phase 2 of ED extension to support department 	<ul style="list-style-type: none"> 'Mapping workshop' outputs and next steps? 	<ul style="list-style-type: none"> UC Dashboard visibility and development - Lloyd
			<ul style="list-style-type: none"> Review the roles & responsibilities of the Ops/Flow team (inc. daily beat/meetings etc.). Carl & Steve

Timeline for ED GUH plan

U&EC Enhanced Monitoring Plan



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol Clinigol
Clinical Futures



**Health, Social Care and Early Years Group
Welsh Government**

Aneurin Bevan University Health Board

Escalation Framework

May 2024



Llywodraeth Cymru
Welsh Government

Contents

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Section A Introduction

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

A NHS body can be escalated for any or all of the domains highlighted below:



Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to enhanced monitoring for finance and planning.

In January 2024, the health board was escalated from enhanced monitoring to targeted intervention/level 4 for finance, strategy and planning.

Performance and outcomes

In January 2024, Aneurin Bevan University Health Board was escalated to enhanced monitoring for performance and outcomes related to urgent and emergency care at the Grange University Hospital Emergency Department.

This document sets out the key areas to be addressed as part of the escalation and the expectations for improvement.

Section A1 Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the [NHS oversight and escalation framework](#).

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Assessment and monitoring

Escalation will result in additional scrutiny being applied to those areas of concern.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- There will be quarterly escalation meetings chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Inception meeting

The inception meeting will review and agree the escalation plan (including targeted intervention and enhanced monitoring). The plan will set out the key objectives and key products; the composition of the project team; the ongoing monitoring and scrutiny approach.

Escalation Touchpoints

- Frequency of the finance and planning touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review

evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.

- An oversight meeting, chaired by Welsh Government will be established to oversee the enhanced monitoring performance recovery at the Grange University hospital. It will bring together Welsh Government, NHS Executive and Aneurin Bevan University Health Board leads to co-ordinate and deliver the interventions as required within the enhanced monitoring improvement framework to support sustained service improvements.
- A quarterly escalation meeting chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.

A2 Aneurin Bevan University Health Board - Escalation

The health board is escalated to enhanced monitoring and targeted intervention for different domains of the escalation framework.

Expected outcomes

The escalation and related interventions are designed to help support the health board to:

Finance

- Demonstrate both a robust financial governance and a robust financial control environment through undertaking a review of the financial management arrangements in place, against an appropriate best practice framework(s) and developing and implementing an action plan to address any gaps in approach.
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes. This should include having a clear and robust Opportunities Framework (and Pipeline) that contains realistic opportunities to support and manage the short-term challenges being faced, as well as driving the larger-scale transformational changes that will support long-term sustainability.
- Demonstrate a clear strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; this will need to be an integrated plan, with clear and realistic planning assumptions, which triangulates with the Organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.
- Evidence clear improvement in the planned financial trajectory for 2024/25 including significant progress towards delivery of the Target Control Total; improved grip and control of the existing financial and operational pressures; and further progress around identification and delivery of opportunities.

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition.

- Refresh the health board's clinical services strategy, underpinned by clinical and public engagement.

Performance and outcomes

- Improved access across urgent and emergency care including a sustained reduction in ambulance handovers, a reduction in the time to be seen by a clinician, reduction in the number of pathways of care delays and delivery of effective flow through the Grange University Hospital Emergency Department.

Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on developed products.
5. Direct the NHS Executive to provide support when agreed in line with the enhanced monitoring plan.
6. Provide additional analytic capacity to the health board to develop, undertake and share relevant analysis and deep dives of local and national data.
7. Provide additional capacity to the health board to support the development of specifically identified reports or products.
8. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.

Aneurin Bevan University Health Board

1. Appoint an SRO(s) for the areas in escalation.
2. Have board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. Agree the targeted intervention plan and enhanced monitoring plans and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide monthly progress reports and evidence against the escalation plan to Welsh Government.
5. Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.

Section B Targeted Intervention

Targeted intervention (Level 4) is the second highest level of escalation within the NHS oversight and escalation framework. The Welsh Government will take and co-ordinate action and direct intervention to support the NHS organisation to strengthen its capability and capacity to drive improvement. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. If appropriate, external support will be agreed with the organisation.

It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. Support will always be designed and delivered within the relevant organisational context and specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements.

B1 Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to enhanced monitoring for finance, strategy and planning as the health board was unable to produce an approvable balanced three-year plan in accordance with the direction given by Welsh Ministers and the NHS Planning Framework, which could be considered for approval under section 175(2A) of the NHS (Wales) Act 2006 ("the 2006 Act).

In January 2024, the health board was escalated to targeted intervention for finance, strategy and planning.

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?

At month 6, the health board submitted an Accountable Officer letter to revise the forecast outturn position to a deficit of £145.7m, £32.8m adverse to the original plan of £112.8m. Following receipt of the additional Welsh Government Funding (£88.4m) in month 7, the forecast deficit was revised to £57.6m which did not align to the Target Control Total (TCT) of £13.0m. At month 7, the health board did not have a plan to enable the TCT to be achieved.

The finance intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate:

Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and addresses key risks;
- Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
- Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.
- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Budget holders and managers are held to account for delivering their financial plans.
- That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The impact of the Grange investment has been fully reviewed including an assessment of reasons for deviation from the business case and any mitigating actions to be taken.
- The cost drivers and investment decisions responsible for the growth in workforce and non-pay are well understood.
- That as a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.
- Has a clear and robust Opportunities Framework and Pipeline that contains realistic opportunities to support and manage the short-term challenges being faced.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; and
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total), including further progress around identification and delivery of recurring opportunities.

Strategy and Planning Intervention

The strategy and planning intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate:

1. Submission and delivery of an approvable plan
 - Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
 - Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements.
2. Clinical strategy
 - Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

De-escalation Criteria

Finance

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

Strategy and Planning

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the health board's clinical services plan.
3. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix.
4. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.

Section C Enhanced Monitoring

Enhanced monitoring (level 3) occurs when Welsh Government has identified serious concerns related to the NHS organisation - this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

C1 Performance and outcomes related to the emergency care pathways at the Grange University Hospital Emergency Department

In January 2024, Aneurin Bevan University Health Board was escalated to enhanced monitoring for performance and outcomes related to urgent and emergency care pathways at the Grange University Hospital Emergency Department.

The performance and outcomes domain within the oversight and escalation framework gives consideration to:

- Is performance in line with agreed trajectories and national requirements?
- Are issues delivering against plan and accountability conditions identified and addressed appropriately in a timely manner?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated, and actioned promptly?
- Are contracted services managed appropriately?

There are concerns regarding the urgent and emergency care pathway including quality of care, patient experience and handover performance at the Grange University Hospital Emergency Department.

The performance and outcomes intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. Establish baseline and agree improvement plans
 - Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh Government and the Board that progress is being made or where further interventions are required.
 - Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.

2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

3. Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care and the Six Goals for Emergency Care.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

De-escalation criteria

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

Urgent and emergency care de-escalation criteria at the Grange University Hospital Emergency Department

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

The below metrics are enabling metrics to support the achievement of the above criteria, at the Grange University Hospital Emergency Department:

- A three-month continuous reduction of at least 5% in each month (from the November 2023 baseline) in the number of people admitted as an emergency who remain in hospital over 21 days since admission.
- A three-month continuous reduction of at least 5% in each month in pathways of care assessments issues (from the November 2023 baseline).
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to urgent and emergency care.
- Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.
- Evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.

Section D Document Rendition

Date Created	Updated	Review date
11 March 2024	Circulated to ABUHB for comment and discussion at their inception meeting. Meeting unable to proceed.	
21 March 2024	Revised version sent to ABUHB, and comments requested prior to the inception meeting.	
4 April 2024	Amended to include use of Datix and Civica in de-escalation criteria.	
8 April 2024	Amended strategy de-escalation criteria.	
16 April 2024	Amended in light of comments following inception meeting.	
13 May 2024	Amended strategy, planning and finance with removal of regional planning work.	
23 May 2024	De-escalation criteria for performance and outcomes amended, as agreed at quarterly escalation meeting on 17 May 2024.	



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Report: Quarter 1
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director of Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning Jennifer Keyte, Senior Planning and Service Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Committee with a progress report against the Aneurin Bevan University Health Board's Annual Plan 2024/25. This report summarises the Health Board's progress during Quarter 1, through the lens of the following chapters:

- Performance Summary
- Cabinet Secretary Priorities
- Our Performance and System Change

Our performance and system change section details the performance against activity and performance targets; annual plan milestones; quality safety and experience, workforce and culture; and financial performance.

The Committee is asked to:

- **Note** the progressed achieved during Quarter 1

Cefndir / Background

The Annual Plan was presented to Board in March in the context of significant financial and operational challenges, reflected in the heightened escalation arrangements that

the Health Board are now subject to. Alongside the targeted action the Health Board is taking to deliver in year improvements are the clear and emerging priorities for the strategic and tactical planning and reconfigurations required for services and estates to achieve sustainable services and financial balance in three years' time. The stated ambition of the plan is to be in financial balance by 2026/27.

As part of the plan development a suite of performance ambitions were agreed against each system change theme. Following the submission of the plan in March 2024 the Health Board was asked for a resubmission in May 2024 to improve planned trajectories against Cabinet Secretary Priorities. These changes are reflected in the performance report.

The plan outlined the priorities and system change required under the five priority areas:

1. Embedding Prevention and Population Health in all that we do;
2. Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways;
3. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care;
4. Progressing our place-based models of care in primary and community services;
5. Improving our Mental health services.

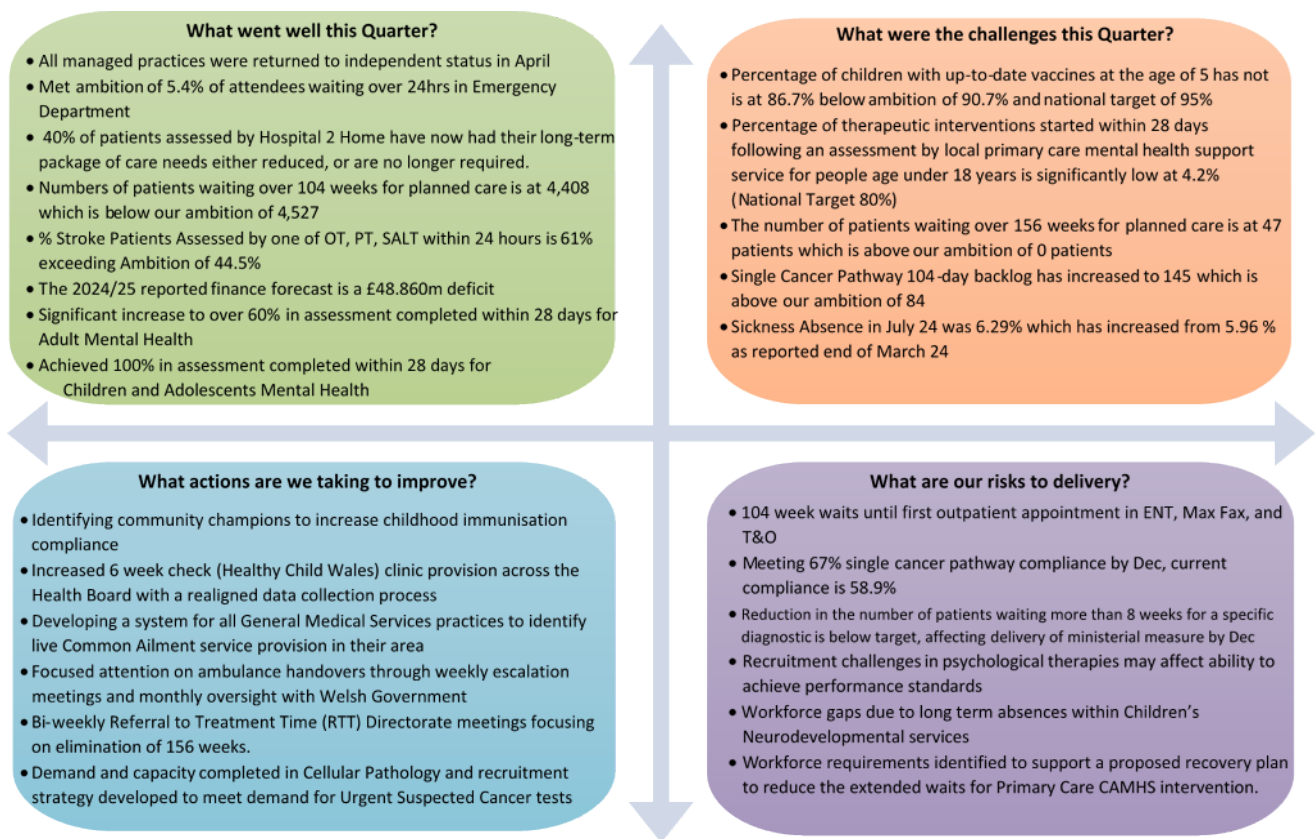
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<ul style="list-style-type: none"> • Embedding Prevention and Population Health in all that we do
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	<ul style="list-style-type: none"> • Progressing place-based models of care and sustainability in primary and community services • Improving our Urgent and emergency care system focusing on experience, access and discharge pathways • Continuing to prioritise cancer, urgent and the longest waiting patients for planned care • Improving our Mental health services
Aim 3	The health and social care workforce in Wales is motivated and sustainable	Workforce and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

These five priority areas are presented alongside Workforce and Culture; Quality, Safety and Experience; and Financial Performance to align to the NHS Performance Framework measures and the quadruple aims.

Aseiad / Assessment

1. Performance Summary

The below diagram summarises the performance across Quarter 1 overall.



2. Cabinet Secretary Priorities

There has been mixed performance across the Cabinet Secretary priorities, the measures where performance is reported within this period are summarised below and overleaf;

Cabinet Secretary Priority	Measure	In Month Performance
Enhanced Care in the Community	Number of delayed transfers of care.	235 Jul-24
Urgent and Emergency Care	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	1,374 Jun-24
	Number of ambulance patient handovers over 1 hour	697 Jul-24
Planned Care and Cancer	Number of patients waiting more than 52 weeks for a new outpatient appointment	16,142 Jun-24
	Number of patients waiting more than 104 weeks for referral to treatment	4,408 Jun-24
	Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	59.8% Jun-24
	Number of patients waiting more than 8 weeks for a specified diagnostic	4,219 Jun-24

Mental Health, including CAMHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	4.2% Jun-24
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over	17.9% Jun-24

3. Our Performance and System Change

An overarching assessment of performance against System Change Themes Workforce and Culture; Quality, Safety and Experience; and Financial Performance is provided below.

System Change Themes

Embedding Prevention and Population Health in all that we do	<p>Four performance measures in reporting period, below ambition on all of them. Actions in place to improve performance against Healthy Child Wales programme measures and improve rates of stopping smoking particularly in pregnancy.</p> <p>Out of the 7 annual plan quarter 1 milestones;</p> <ul style="list-style-type: none"> • 4 Off track within tolerance • 3 Complete/ On schedule
Progressing place-based models of care and sustainability in primary and community services	<p>Six performance measures in reporting period, ambition met or exceeded for all of them. With actions in place to improve access to community services and support the transfer of patients away from Emergency Departments.</p> <p>Out of the 11 annual plan quarter 1 milestones;</p> <ul style="list-style-type: none"> • 2 Off track within tolerance • 9 Complete/ On schedule
Improving our Urgent and emergency care system focusing on experience, access and discharge pathways	<p>Twelve performance measures in reporting period, seven did not meet the set ambition. Actions in place to improve waiting times in Emergency Department and reduce ambulance handovers over four hours.</p> <p>Out of the 11 annual plan quarter 1 milestones;</p> <ul style="list-style-type: none"> • 3 Off track within tolerance • 8 Complete/ On schedule
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care	<p>Ten performance measures in reporting period, six did not meet the set ambition. Actions in place to address longest waiters in the challenging specialities and improve urgent suspected cancer test capacity.</p> <p>Out of the 16 annual plan quarter 1 milestones;</p> <ul style="list-style-type: none"> • 5 Off track within tolerance • 11 Complete/ On schedule
Improving our Mental health services	<p>Nine performance measures in reporting period, three did not meet the set ambition. Actions in place to address capacity issues in psychological therapies and development of on-line therapy service and enhanced group-based provision.</p> <p>Out of the 14 annual plan quarter 1 milestone;</p> <ul style="list-style-type: none"> • 5 Off track within tolerance • 9 Complete/ On schedule

Quality, Safety and Experience

The Quality and Safety performance is reported against a condensed range of indicators compared to the Quality Outcomes Report which is produced for the Quality and Patient Safety Committee. The Top-level indicators provided for the integrated performance mapped to under the pillars of quality:

Patient Experience:	<ul style="list-style-type: none">• Overall satisfaction increased to 90% for all surveys.
Incidents:	<ul style="list-style-type: none">• The Health Board reported 20 National Reportable Incidents in April 13 in May, with a decrease to 2 in June• In Quarter 1 2024/25 there were 6170 incidents affecting patients reported on the Datix Cymru system.• There have been 18 incidents that have triggered Duty of Candour. This figure is based on the question -Was Healthcare provided a factor?• Risk Adjusted Mortality Indicators (RAMI) has dropped below the All-Wales peer but continues to vary with Quarter 1 at 107.
Complaints, concerns, compliments:	<ul style="list-style-type: none">• Across quarter 1 we saw a 4% decrease in the number of concerns received by the Health Board.
Infection Control and Prevention:	<ul style="list-style-type: none">• A total of 98 cases of C diff reported. This is 36 more than the equivalent period 23/24.• A total of 48 cases of Staph aureus bacteraemia reported. This is 26 than the equivalent period 23/24.• A total of 87 cases of E coli reported. This is 5 less than the equivalent period 23/24.• A total of 32 cases of Klebsiella reported. This is 1 more than the equivalent period 23/24.• A total of 11 cases of Pseudomonas reported. This is 5 more than the equivalent period 23/24.
Health, Safety & Security:	<ul style="list-style-type: none">• A total 540 incidents happened towards staff in quarter 1 with 306 being attributed as aggressive or threatening behaviour.
Safeguarding:	<ul style="list-style-type: none">• Adult duty to report increases by 41% which is 50 more than same period in 23/24• Child duty to report increase by 13% which is 127 more than same period in 23/24

Workforce and Culture

Our People Plan, 2022 -2025, 'Putting People First', outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25).

Highlights from Quarter 1 include;

- Currently 12,995 WTE staff in post, a reduction of 94.02 WTE since March 2024 with largest decrease of 72.33wte in admin & clerical staff
- Sickness Absence in July 24 was 6.29% which has increased from 5.96 % as reported end of March 24
- A reduction of 142 WTE variable pay bank and sustained and supported by the variable pay programme recognising the importance of recruitment and retention
- Current locum usage is 57.87 WTE which a decrease in 5 WTE from this period last year
- Current Medical Agency WTE is 50.55 WTE, showing a sustained decrease in trend to achieving target.
- Current turnover rate is 9.08% a reduction from 9.55% the previous year which has been sustained over the last quarter
- Current PADR compliance is 74.25% a quarterly increase of 3% and we continue to work towards achieving 85% All Wales target
- Current mandatory training compliance rate is 82.53% an increase of pervious year of 78.23% and a quarterly increase of 6 % in achieving target of 85%

Financial Performance

The 2024/25 financial year to date budget performance as at month 3 is an adverse variance of £14.397m. 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 full delivery of savings and other operational pressures.

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

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **NOTE** the position against Annual Plan 2024/25 commitments as at Quarter 1 and the mitigating and improvement actions in place

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The 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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
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	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.



Quarterly Integrated Performance Report

Quarter 1

- Embedding **Prevention** and Population Health in all that we do
- Progressing place based models of care and sustainability in **primary and community services**
- Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways
- Continuing to prioritise **cancer, urgent and the longest waiting patients** for planned care
- Improving our **Mental health services**



CONTENTS

Performance Summary

Section 1: Cabinet Secretary Priorities

Section 2: Our Performance & System Change Delivery

PERFORMANCE SUMMARY

What went well this Quarter?

- All managed practices were returned to independent status in April
- Met ambition of 5.4% of attendees waiting over 24hrs in Emergency Department
- 40% of patients assessed by Hospital 2 Home have now had their long-term package of care needs either reduced, or are no longer required.
- Numbers of patients waiting over 104 weeks for planned care is at 4,408 which is below our ambition of 4,527
- % Stroke Patients Assessed by one of OT, PT, SALT within 24 hours is 61% exceeding Ambition of 44.5%
- The 2024/25 reported finance forecast is a £48.860m deficit
- Significant increase to over 60% in assessment completed within 28 days for Adult Mental Health
- Achieved 100% in assessment completed within 28 days for Children and Adolescents Mental Health

What were the challenges this Quarter?

- Percentage of children with up-to-date vaccines at the age of 5 has not is at 86.7% below ambition of 90.7% and national target of 95%
- Percentage of therapeutic interventions started within 28 days following an assessment by local primary care mental health support service for people age under 18 years is significantly low at 4.2% (National Target 80%)
- The number of patients waiting over 156 weeks for planned care is at 47 patients which is above our ambition of 0 patients
- Single Cancer Pathway 104-day backlog has increased to 145 which is above our ambition of 84
- Sickness Absence in July 24 was 6.29% which has increased from 5.06% as reported end of March 24

What actions are we taking to improve?

- Identifying community champions to increase childhood immunisation compliance
- Increased 6 week check (Healthy Child Wales) clinic provision across the Health Board with a realigned data collection process
- Developing a system for all General Medical Services practices to identify live Common Ailment service provision in their area
- Focused attention on ambulance handovers through weekly escalation meetings and monthly oversight with Welsh Government
- Bi-weekly Referral to Treatment Time (RTT) Directorate meetings focusing on elimination of 156 weeks.
- Demand and capacity completed in Cellular Pathology and recruitment strategy developed to meet demand for Urgent Suspected Cancer tests

What are our risks to delivery?

- 104 week waits until first outpatient appointment in ENT, Max Fax, and T&O
- Meeting 67% single cancer pathway compliance by Dec, current compliance is 58.9%
- Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic is below target, affecting delivery of ministerial measure by Dec
- Recruitment challenges in psychological therapies may affect ability to achieve performance standards
- Workforce gaps due to long term absences within Children's Neurodevelopmental services
- Workforce requirements identified to support a proposed recovery plan to reduce the extended waits for Primary Care CAMHS intervention.

Section 1: Cabinet Secretary Priorities

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Cabinet Secretary Priorities

Priority	Aim	ABUHB Commitment	Commitment to meet national standard?	In Month Performance against commitment	Link in Performance Report
Enhanced Care in the Community	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	250 Mar-25	Yes	235 Jul-24	Hyperlink to section
Primary and Community Care	Measure: General Medical Services (GMS) – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	100% Jun-24	Hyperlink to section
	Measure: General Dental Services (GDS) - % of contract value fulfilled National standard: 30% of contract value by end Q2, 100% Q4 Reporting period: Six Monthly	30% Sep-24 100% Mar-25	Yes	Reported in September	Hyperlink to section
Urgent and Emergency Care	Measure: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025 Reporting period: Monthly	1,181 Sep-24 945 Mar-25	Yes	1,374 Jun-24	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour National standard/ambition: 30% reduction by December 2024 Reporting period: Monthly	705 Dec-24	Yes	697 Jul-24	Hyperlink to section
Planned Care and Cancer	Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025 Reporting period: Monthly	15,352 Sep-24 16,500 Mar-25	No	16,142 Jun-24	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment National standard/ambition: 0 by end of December 2024 Reporting period: Monthly	3,929 Dec-24	No	4,408 Jun-24	Hyperlink to section

	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>67% Dec-24</p> <p>70% Mar-25</p>	Yes	<p>59.8% Jun-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>3286 (79.7%) Dec-24</p>	No	<p>4,219 Jun-24</p>	Hyperlink to section
Mental Health, including CAMHS	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>87% Dec-24</p>	Yes	<p>4.2% Jun-24</p>	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>92% Dec-24</p>	Yes	<p>17.9% Jun-24</p>	Hyperlink to section

Section 2: Our Performance and System Change

The Performance Report section provides detail of Health Board performance across the quadruple aims and the system change themes identified in the Annual Plan 2024/25.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided under each aim against the Health Board's priorities and corresponding performance ambitions, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

Quadruple Aim		Health Board's System Change Theme and Integrated Report
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<ul style="list-style-type: none"> Embedding Prevention and Population Health in all that we do
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	<ul style="list-style-type: none"> Progressing place based models of care and sustainability in primary and community services Improving our Urgent and emergency care system focusing on experience, access and discharge pathways Continuing to prioritise cancer, urgent and the longest waiting patients for planned care Improving our Mental health services
Aim 3	The health and social care workforce in Wales is motivated and sustainable	Workforce and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

Priority	Performance Measure	Performance against ambition	Data / Trend	Actions																																																																																			
Health Protection & Vaccination	Increase percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	86.6% Below Ambition of 90.7%	<p>% children who are up to date with the scheduled vaccinations by age 5</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>ABUHB (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>87.5%</td> <td>95%</td> </tr> <tr> <td>Q2 2023/24</td> <td>87.4%</td> <td>95%</td> </tr> <tr> <td>Q3 2023/24</td> <td>87.9%</td> <td>95%</td> </tr> <tr> <td>Q4 2023/24</td> <td>86.6%</td> <td>95%</td> </tr> </tbody> </table>	Quarter	ABUHB (%)	Target (%)	Q1 2023/24	87.5%	95%	Q2 2023/24	87.4%	95%	Q3 2023/24	87.9%	95%	Q4 2023/24	86.6%	95%	<ul style="list-style-type: none"> School Health Nurses undertaking robust vaccination plan coupled with dedicated MMR catch up clinics in Vaccination Centres and pop-up clinics. Neighbourhood Care Networks (NCNs) to review the childhood immunisation queues across the boroughs, identifying uptake in the lower performing practices and support. Identify community champions that could be created to assist in the education and increased uptake. 																																																																				
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Increase percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	67.9% Below Ambition of 83.3%	<p>% of children receiving the HPV vaccination by the age of 15</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> <th>Target (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>Q1 20/21</td><td>88</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q2 20/21</td><td>88</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q3 20/21</td><td>87</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q4 20/21</td><td>87</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q1 21/22</td><td>87</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q2 21/22</td><td>88</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q3 21/22</td><td>70</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q4 21/22</td><td>72</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q1 22/23</td><td>73</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q2 22/23</td><td>75</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q3 22/23</td><td>80</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q4 22/23</td><td>80</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q1 23/24</td><td>80</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q2 23/24</td><td>80</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q3 23/24</td><td>68</td><td>95</td><td>80</td><td>60</td></tr> <tr><td>Q4 23/24</td><td>68</td><td>95</td><td>80</td><td>60</td></tr> </tbody> </table>	Quarter	Compliance (%)	Target (%)	Upper Limit (%)	Lower Limit (%)	Q1 20/21	88	95	80	60	Q2 20/21	88	95	80	60	Q3 20/21	87	95	80	60	Q4 20/21	87	95	80	60	Q1 21/22	87	95	80	60	Q2 21/22	88	95	80	60	Q3 21/22	70	95	80	60	Q4 21/22	72	95	80	60	Q1 22/23	73	95	80	60	Q2 22/23	75	95	80	60	Q3 22/23	80	95	80	60	Q4 22/23	80	95	80	60	Q1 23/24	80	95	80	60	Q2 23/24	80	95	80	60	Q3 23/24	68	95	80	60	Q4 23/24	68	95	80	60
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<p>Health Protection & Vaccination</p>	<p>Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over</p>	<p>Not Applicable</p>	<p><i>Applicable during: 01.09.2023 – 31.03.2024</i></p>																																																			
<p>Best Start in Life</p>	<p>Maintain physical examination at 6 weeks rates (Healthy Child Wales)</p> <p>Increase weight and measurement at 8 weeks rates (Healthy Child Wales)</p>	<p>85.1% Below Ambition of 92.7%</p> <p>48.5% Below Ambition of 50.2%</p>	<p>Maintain physical examination at 6 weeks rates</p> <table border="1"> <caption>Physical Examination at 6 Weeks Rates Compliance Data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>20/21</td> <td>72%</td> <td>70%</td> <td>68%</td> <td>75%</td> </tr> <tr> <td>21/22</td> <td>82%</td> <td>83%</td> <td>84%</td> <td>82%</td> </tr> <tr> <td>22/23</td> <td>80%</td> <td>78%</td> <td>80%</td> <td>80%</td> </tr> <tr> <td>23/24</td> <td>82%</td> <td>80%</td> <td>85%</td> <td>84%</td> </tr> </tbody> </table> <p>Increase weight and measurement at 8 weeks rates</p> <table border="1"> <caption>Weight and Measurement at 8 Weeks Rates Compliance Data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>20/21</td> <td>35%</td> <td>50%</td> <td>62%</td> <td>58%</td> </tr> <tr> <td>21/22</td> <td>62%</td> <td>62%</td> <td>52%</td> <td>40%</td> </tr> <tr> <td>22/23</td> <td>18%</td> <td>28%</td> <td>35%</td> <td>40%</td> </tr> <tr> <td>23/24</td> <td>42%</td> <td>43%</td> <td>48%</td> <td>48%</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	20/21	72%	70%	68%	75%	21/22	82%	83%	84%	82%	22/23	80%	78%	80%	80%	23/24	82%	80%	85%	84%	Year	Q1	Q2	Q3	Q4	20/21	35%	50%	62%	58%	21/22	62%	62%	52%	40%	22/23	18%	28%	35%	40%	23/24	42%	43%	48%	48%	<ul style="list-style-type: none"> • Date collection is through GP appointments. • Increased clinic provision across the Health Board with a realigned data collection process. The objective for the next phase is implement an improvement cycle to increase performance of Healthy Child Wales Programme (HCWP). Improvement can already be attributed to HCWP 8,12,16 week contact from renewed clinic provision in September 23. • Primary Care Contracting Team carry out a regular audit every two months to reconcile the GP information against Child Health Systems in order to maximise uptake. Reports confirm that GPs average 92% compliance.
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Milestones	Q1 Planned	Q1 Progress	Q1 Comments	Planned for Next Quarter
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Population Health Management	Further develop and deploy public health intelligence resources with partners	Off track within tolerance	The Joint Strategic Assessment has been well received by partners. Agreements from the Public Service Board and Regional Partnership Board to use as the baseline data source. Further development of intelligence resources has been delayed by Information Governance process taking longer than planned.	Develop capability in population health management starting with two NCNs.
Health Protection & Vaccination	Implement targeted actions to increase % of children with up-to-date vaccinations by age 5	Complete/ On schedule	Increased communications to the general public advising to check their child's MMR vaccination. GPs have been given additional information with regards to MMR and measles. Work is ongoing with GP practices in Newport to proactively identify pre-school aged children not up to date with their MMR vaccination and offer catch up vaccination. The School Nursing service continue to deliver and optimise the school entry reviews.	Implement improvement programme for health protection and vaccination.
Premature Preventable Mortality, Cardiovascular & Cancer	Develop the Premature Preventable Mortality population health data model for cardiovascular & cancer	Off track within tolerance	The intent for a cardiovascular disease Risk Factor Management Programme Model was agreed. Development of the programme implementation plan with aim to launch this programme later this year (Winter).	Design cardiovascular disease risk assessment programme.
Diabetes	Develop the population health data model for diabetes	Complete/ On schedule	Populated health data model developed.	Assess and learn from implementation of diabetes prevention model already undertaken.
Best Start in Life	Develop Babies, Children & Young People's needs assessment through established engagement mechanisms	Complete/ On schedule	Project team running well, engagement sessions planned and data collection is going well.	Define in partnership Best Start in Life and gain partnership agreement for a Best Start in Life action plan.
Anchor Institution	Establish intelligence to support Anchor institutions and health promoting organisation to develop case for change	Off track within tolerance	Progress has been made, sharing a discussion with Executive Committee to agree required actions for the next year.	Develop theme of Anchor institutions as part of organisational strategy development.
Women's Health	Engagement and scoping events on Women's Strategy	Complete/ On schedule	Planned engagement sessions have been carried out embedded within the strategy engagement approach with a positive response.	Engagement with national Women's Health Programme.

Priority	Performance Measure	Performance against ambition	Data / Trend	Actions
Access	Maintain the number of appointments delivered in GMS	895,205 Ambition Met of 886,953		<ul style="list-style-type: none"> Appointment activity is reported on a regular basis, and this is monitored through the Primary Care Contracts Team against the expected levels. Regular contract discussions are held with GMS contractors that express challenges and escalation levels are monitored and responded to. 100% achievements of Access Standards for 23/24 signed off. Practices that apply through the sustainability assessment framework can apply for advice and resources as required. There are currently four practices in receipt of support. All managed practices have moved to independent status and short-term support is being provided as part of the transition process. Following new legislation laid in October 2023, Wales General Ophthalmic Services (WGOS) 1,2,3 & 5 have been implemented. WGOS4, through the development of integrated pathways will be implemented in a phased approach over the coming months. Occupational Health service implemented from the 1st of April 2024. Regular contact through the Optometry contracting team with providers ensures any concerns about delivery of service can be addressed quickly.
	Maintain the number of patients accessing NHS Optometry Services	59,557 Above Ambition of 39,910		

Maintain the number of consultations undertaken by community pharmacy under the common ailments scheme

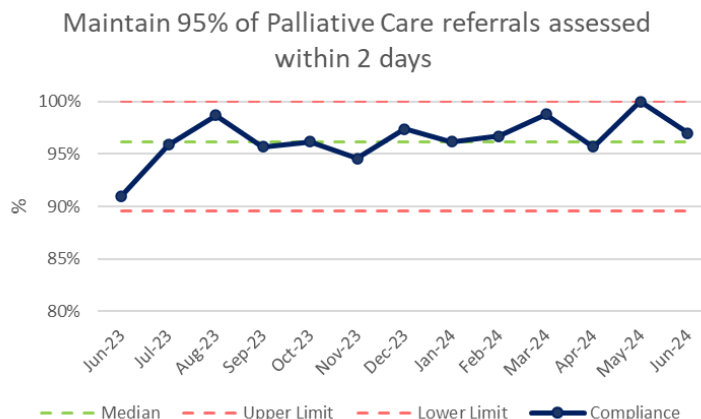
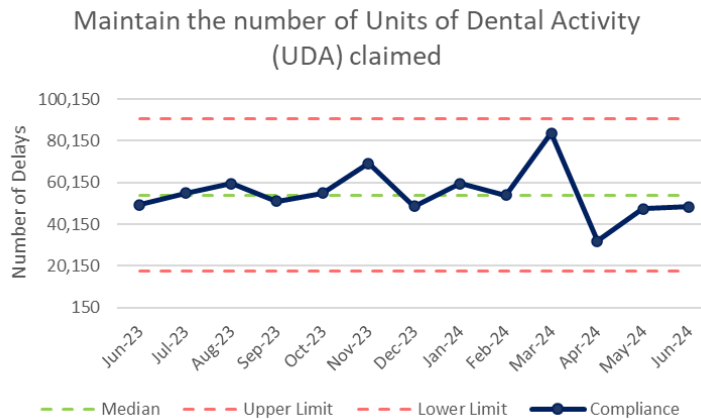
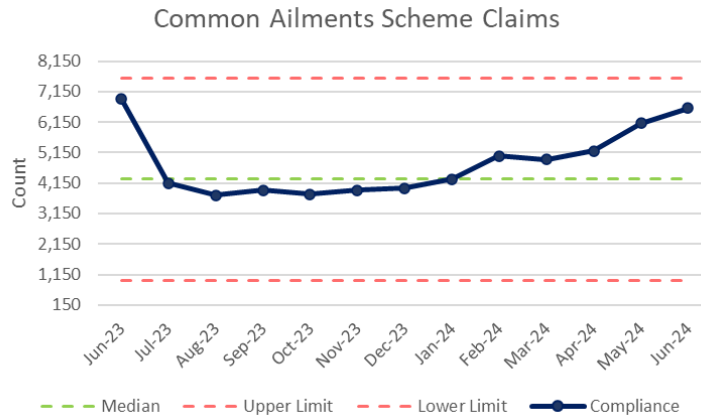
17,932
Exceeding Ambition of 11,813

Maintain the number of Units of Dental Activity (UDA) claimed

128,189
Above Ambition of 116,878

Maintain 95% of Palliative Care referrals assessed within 2 days

97%
Above Ambition of 95%



- All community pharmacies are now signed up to the common ailments scheme (CAS). The current priority is to support the increase in capacity.
- Roll out of mandatory signage for pharmacies to display advertising the service. Signage now has links to the webpage outlining the services available to patients.
- Feedback loop to the service managers providing a check of service availability.
- Developing a system of access for all GMS practices to identify live service provision in their area. This will be for CAS, flu, and other services.

- Two dental providers have recently provided notice and the division are reviewing provision.
- From 1st April 24 there are 50 UDA practices and 25 practices have opted for contract reform.
- Successful re-awarded GDS contracts following recent terminations (with affect from 1st July)
- Two more terminations have been received and procurement process commenced with planned conclusion in September.

- Regular monitoring of referrals assessed to meet targets.
- Performance is maintained within the current service provision.

Community Care	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)	10.6% Target Met of 10.15%	<p style="text-align: center;">Proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)</p> <table border="1"> <caption>Proportion of GP referrals made to Rapid Response (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>9.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Jul-23</td><td>10.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Aug-23</td><td>10.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Sep-23</td><td>10.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Oct-23</td><td>9.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Nov-23</td><td>8.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Dec-23</td><td>10.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Jan-24</td><td>9.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Feb-24</td><td>10.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Mar-24</td><td>10.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Apr-24</td><td>9.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>May-24</td><td>8.0</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> <tr><td>Jun-24</td><td>10.5</td><td>9.5</td><td>12.5</td><td>7.5</td></tr> </tbody> </table>	Month	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	Jun-23	9.5	9.5	12.5	7.5	Jul-23	10.0	9.5	12.5	7.5	Aug-23	10.5	9.5	12.5	7.5	Sep-23	10.5	9.5	12.5	7.5	Oct-23	9.5	9.5	12.5	7.5	Nov-23	8.5	9.5	12.5	7.5	Dec-23	10.0	9.5	12.5	7.5	Jan-24	9.0	9.5	12.5	7.5	Feb-24	10.0	9.5	12.5	7.5	Mar-24	10.0	9.5	12.5	7.5	Apr-24	9.0	9.5	12.5	7.5	May-24	8.0	9.5	12.5	7.5	Jun-24	10.5	9.5	12.5	7.5	<ul style="list-style-type: none"> The service is now accepting referrals up until 5pm within Community Resource Teams (CRT). New pilot to be launched hosting a CRT consultant within the Flow Centre, with assessment by end of June. The Redesign of Older Adults Programme has activities that will directly support the transfer of patients away from ED, e.g. Acute Frailty Response team at GUH. However, this does not directly influence GP referrals made.
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Milestones	Q1 Planned	Q1 Progress	Q1 Comments	Planned for Next Quarter
Reduction of commissioned enhanced care	Continue to work in partnership through the Hospital 2 Home and Step Closer to Home reducing the need for enhanced care post discharge.	Complete/ On schedule	<p>Hospital 2 Home: To date 181 patients have been assessed, of which 75% have been deemed suitable to be cared for by H2H. 40% of patients have now had their long term package of care needs either reduced, or are no longer required.</p> <p>A Step Closer to Home: Currently 5 active cases. Activity levels have declined since Oct 23. Quarter 2 will see a process review including the use of Discharge Coordinators, to determine if this is the optimum model of care.</p>	Embed the learning from the model applied in Ty Brynwood specialist dementia care unit to reduce enhanced care through reduction in rapid escalation of behaviours.
Access & Sustainability for General Medical Services	Full completion of action plan to deliver the ambition of no managed practices in Gwent	Complete/ On schedule	All managed practices were returned to independent status in April 2024.	Address the workforce sustainability challenges by reviewing of workforce skill mix and identify alternative solutions and workforce models across NCNs using the Primary Care Academy
Access & Sustainability for General Dental Services	Completion of procurement exercise in relation to Access	Complete/ On schedule	4 GDS contract terminations have been successfully re-tendered. New practice in Tredegar opened to patients from 1st April 2024	Support national roll out of dental digital system
Access & Sustainability for General Dental Services	Implementation of 24/25 contract changes.	Off track within tolerance	Due to the change in contract payment mechanism across Wales we were delayed in issuing the Contract Variation Notices, but they have now been sent. However, practices have confirmed whether they are working to the new	Contract monitoring ensure all Dental practices are meeting standards of performance.

			contract reform from April 2024 and are being managed and monitored as such.	
Maximise Community Pharmacies	Undertake actions to increase Pharmacist Independent Prescribing	Complete/ On schedule	Number of Pharmacist that have Independent Prescribing status is 4,545 and 39 pharmacies across Gwent can independently prescribe.	Increase number of Common Ailment Scheme (CAS) Consultations and pharmacies across Gwent can independently prescribe to 59.
Maximise Community Optometry	Implementation of new and revised clinical pathways that shift care from ophthalmology in optometry	Off track within tolerance	WGOS 1,2, 3 and WGOS 5 Independent Prescribing Scheme and Occupational Health have all been implemented. We are currently awaiting Welsh Government sign off for the proposed WGOS 4 Transition plans.	Review Ophthalmic Diagnosis and Treatment Centre provisions in line with the national glaucoma pathway.
	Contract monitoring ensure all Optometry practices are meeting standards of performance (including WGOS activity)	Complete/ On schedule	Contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor.	Roll out of Digitisation and Connectivity
NCN Development & Partnerships incl ACD Programme	Commence implementation of the agreed plan to establish a range of services identified as best delivered at a NCN level or for a pan- NCN population	Complete/ On schedule	Work has been progressed through NCNs and ISPB's to determine what gaps exist at NCN level or for a pan -NCN population. This will be further developed through the results of the public engagement on the organisational strategy.	Following the engagement undertaken the delivery of a development programme for NCN/Collaborative leads and Professional Collaboratives to be fully functioning
	Completion of self-reflection and maturity matrices	Complete/ On schedule	Completed internally and uploaded to the Strategic Programme for Primary Care survey site for Health Board and National collation. National report anticipated with recommendations during Q2.	Further develop strong working relationships with Integrated Wellbeing Networks
Pathway Optimisation	Work in partnership with NCN leads to promote the use of Health Pathways across Gwent	Complete/ On schedule	Effective communication and engagement plan resulting in highest utilisation rate of Health Pathways among Health Boards (excluding Cardiff) so far in 2024/25	Through data analysis identify pathways to reduce unnecessary demand

Quadruple Aim 2 Improving our Urgent and emergency care system focusing on experience, access and discharge pathways

Priority	Performance Measure	Performance against ambition	Data / Trend	Actions											
Timely Discharge	Reduction of number of Delayed Transfers of Care	235 Below Target of 262		<ul style="list-style-type: none"> • Taking forward learning from Patient Safety Events • Robust validation process with Local authorities • Discharge to Recover and Assess Digital Solutions roll out across Health Board in Q1 enhanced data capturing including reason for delay, collation of meaningful data. • Single data repository, review of contemporary data and information • Education programme re. Red to Green, huddle to review day of value. • Head of Patient Discharge, locality Head of Service • Discharge Resource, alignment of Discharge Hub, Ready to Go Unit and Discharge Lounge at Royal Gwent Hospital (RGH). 											
	Increase in Hospital 2 Home & Step Closer To Home Rates	221 Ambition Met of month on month increase	<table border="1"> <thead> <tr> <th colspan="4">Hospital 2 Home Referrals to date:</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>221 (81 patients supported)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Hospital 2 Home Referrals to date:				Q1	Q2	Q3	Q4	221 (81 patients supported)		
Hospital 2 Home Referrals to date:															
Q1	Q2	Q3	Q4												
221 (81 patients supported)															

Enhanced Monitoring	Reduction in average ambulance handover times at GUH	115 mins Above Ambition of 95 mins		<ul style="list-style-type: none"> • Focus attention through weekly escalation meetings chaired by COO and monthly oversight with Welsh Government • Development of a business case for additional Emergency Department (ED) consultants with plan for some resource to be allocated to senior rapid assessment (funding dependent) • Tracking Ambulance Flow Centre compliance across GUH and our other Enhanced Local General hospitals. • Supporting ambulance timely assessment, as per Welsh Ambulance Service Trust (WAST) request for portering in December • Developed Physician Response Unit business case with full benefits evaluation of current service and to patients.
	Elimination of four hours ambulance handovers waits	289 Above Ambition of 204		
	Reduction in time from arrival to ED triage - no waits over 30 minutes	21mins/ 2.2% >60mins Above Target of 0 >60mins		
Decrease in ED	418 / 5.6% >24hrs		<ul style="list-style-type: none"> • Implemented e-triage at end of Q1 with plan to evaluate and maximise further opportunities. • Re-established Triage Faculty with ambition to improve time to triage across ED and Minor Injury Units (MIUs) • Developing service-level plans for ED Main Wait extension 	

attendances waiting over 24 hours

Met Ambition of 5.4% >24hrs

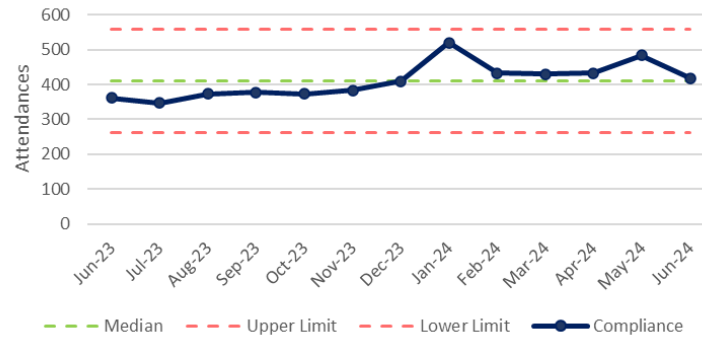
Increase and maintain national target of the percentage of patients waiting <4 hours in ED

74.8% Below Ambition of 75.8%

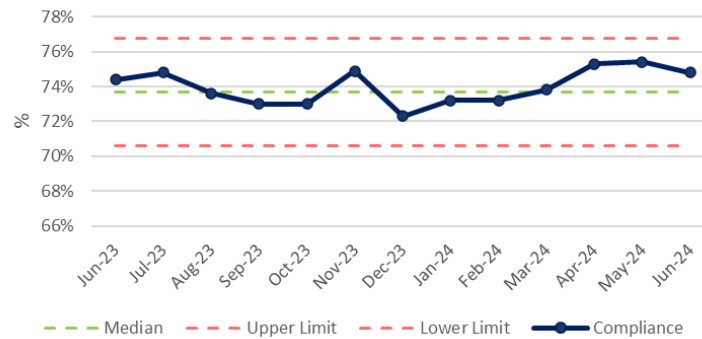
Reduction in time from arrival to ED to seen by clinician

202 mins / 17.2% >6hrs Above Ambition of 0 >6hrs

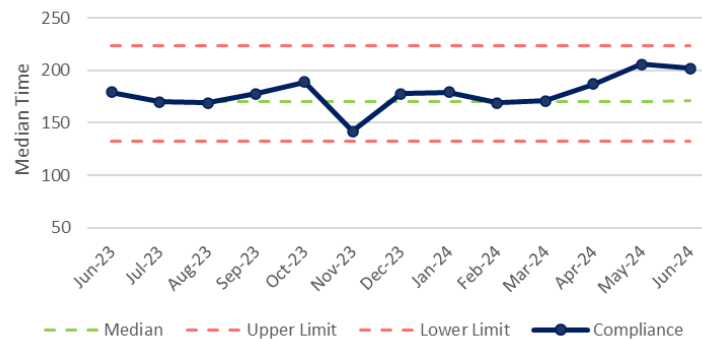
Decrease in ED attendances waiting over 24 hours



% patients waiting < 4 hrs in A&E figures inc. YAB & YYF



Median time from arrival to an ED department to assessment by a senior clinical decision maker



- Exploring opportunities for Short Stay Unit to accommodate patient cohort currently experiencing the longest waits in ED.
- Scoping opportunities to improve system flow through developing the discharge lounge model; undertaking mapping work with focus areas including the ED-Acute Medicine interface; undertaking community hospital and complex care teams capacity mapping; and establishing a comprehensive Operating Framework.
- Planning to implement direct to specialty referrals and e-referrals to support timely communication between clinical specialties

- Developed business case for additional ED consultants with plan for some resource to be allocated to senior rapid assessment and commitment to timely time to first clinician (funding dependent)
- Exploring opportunities to ring-fence assessment space, particularly during periods of peak demand.
- Developing service model for Phase 2 of ED Main Wait Extension with focus on wait to be seen by a clinician

<p style="text-align: center;">Urgent Primary Care</p>	<p>Maintain the number of Urgent Primary Care contacts (inc. virtual)</p>	<p>24,395 Exceeding Ambition of 11,043</p>	<p style="text-align: center;">Urgent Primary Care Cases - Total Contacts</p>	<ul style="list-style-type: none"> • Demand has increased this quarter and being managed within current service capacity. • Multi-Disciplinary team sustainability - robust recruitment campaign ongoing for senior nurse and nurse practitioners. • Opening of the nurse led Urgent Primary Care Centre in Ysbyty Ystrad Fawr (YYF) (Mon- Fri daytime) • Prioritised work on-going around consistency of practice which has supported management of demand and maintaining the status of the service, thus avoiding escalation.
<p style="text-align: center;">Stroke</p>	<p>% of patients directly admitted to an acute stroke ward <4hrs of clock start</p>	<p>13% Below Ambition of 14.5%</p>	<p style="text-align: center;">% of patients directly admitted to an acute stroke ward <4hrs of clock start</p>	<ul style="list-style-type: none"> • Agreement to ring-fence some stroke beds with breaches permitted via approval only to ensure patient safety and capacity.
<p>% of unique stroke patients given thrombectomy (all stroke types)</p>	<p>1.4% Below Ambition of 3%</p>	<p style="text-align: center;">% of stroke patients given thrombectomy (all stroke types)</p>	<ul style="list-style-type: none"> • Brainomix Artificial Intelligence implemented and in use. • Extension of South Mead's thrombectomy service from 6am to midnight • Covering 12-hours per day seven days per week with Community Neurological Services team 	

	<p>% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours</p>	<p>61% Exceeding Ambition of 44.5%</p>	<p style="text-align: center;">% Assessed by one of OT, PT, SALT within 24 hours</p> <table border="1"> <caption>Chart Data: % Assessed by one of OT, PT, SALT within 24 hours</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>Aug-23</td><td>44</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Sep-23</td><td>36</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Oct-23</td><td>32</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Nov-23</td><td>50</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Dec-23</td><td>54</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Jan-24</td><td>38</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Feb-24</td><td>49</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Mar-24</td><td>36</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Apr-24</td><td>48</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>May-24</td><td>35</td><td>44.5</td><td>72</td><td>20</td></tr> <tr><td>Jun-24</td><td>48</td><td>44.5</td><td>72</td><td>20</td></tr> </tbody> </table>	Month	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	Aug-23	44	44.5	72	20	Sep-23	36	44.5	72	20	Oct-23	32	44.5	72	20	Nov-23	50	44.5	72	20	Dec-23	54	44.5	72	20	Jan-24	38	44.5	72	20	Feb-24	49	44.5	72	20	Mar-24	36	44.5	72	20	Apr-24	48	44.5	72	20	May-24	35	44.5	72	20	Jun-24	48	44.5	72	20	<ul style="list-style-type: none"> Executive Committee proposal submitted and intrinsically linked with this action area. Discussion around business case to increase therapy staffing to recommended levels
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Milestones	Q1 Planned	Q1 Progress	Q1 Comments	Planned for Next Quarter
System Flow	Supporting initiatives to enable flow in collaboration with Welsh Ambulances Services Trust	Complete/ On Schedule	Progress started to develop and agree data sharing mechanism to review / audit for opportunity those that have an ED outcome from 111 / CSD	Implement agreed Flow Centre Service Model
	Initial Review of etriage outcomes including PREMS	Complete/ On Schedule	eTriage live in 3 sites over June. Time spent initially focused on ensuring system integration is robust and patient safety is maintained. Next steps will be focused on adoption and benefits	Patient adoption of etriage and data collection for benefits realisation
System Reconfiguration	St Woolos Hospital consolidation and review of model of care to meet system need	Complete/ On Schedule	St Woolos Hospital move complete and evaluation of ready to go unit undertaken.	(No further milestones in Annual Plan)
Enhanced Monitoring	Establish improvement trajectory in line with Improvement Plan to support timely ambulance handovers	Complete/ On Schedule	The improvement trajectory was established following Welsh Government's communication around expected improvements. Action plans are now in development to support the improvement targets with weekly systemwide meetings in place to deliver improvements via a sprint methodology.	Improved performance metrics in line with Improvement Plan trajectories supported by a system flow dashboard
	Implement NHH and YYF MIU Service Change	Complete/ On Schedule	The service change was implemented on 6 May 2024 with the completion of: new nursing rotas; up-to-date signage at both sites; and updated information communicated across the Health Board, 111 and WAST platforms.	Implement and share learnings from Improvement Plan activity
	Establish working groups for Safety Huddles, Flow Centre Workforce Model and centralised bed management system	Complete/ On Schedule	The working groups were established following Welsh Government's communication around expected improvements. Action plans are now in development across each working group to support the improvement targets with actions to date including: - Removal of medical model at Flow Centre	Implement changes to Flow Centre workforce model

			<ul style="list-style-type: none"> - Two workshops undertaken around bed management - New Standard Operating Procedures in development for safety huddles. 	
Redesigning Services for Older People (Goal 1)	Commencement of LUSCII technology pilot in partnership with WAST.	Off track within tolerance	<ul style="list-style-type: none"> -Training delivered to care home staff involved in the pilot. -Revised go live date to be confirmed (August 2024). -Development of pathways for phase two (residential homes) commenced. 	Pilot Luscii technology in agreed nursing homes; evaluate and agree next steps.
Urgent and Acute Transformation (Goals 2,3 &4)	Improved ED direct to Same Day Emergency Care (SDEC) pathway	Off track within tolerance	SDEC and Ambulatory Care workshop held with strong engagement cross divisionally. Actions include exploration of a next day 'scheduling of unscheduled care' model for ED / SDEC	Take forward actions, present options back to the workshop group. Actions include next day pathways for SDEC and integrated front door model
	Introduce Acute oncology SDEC pathway following pilot	Complete/ On Schedule	Acute oncology pathway introduced to SDEC GUH and YYF. Acute oncology awareness day held at GUH	Maintain pathways, review data and collect feedback. Review if other ambulatory services could benefit
	Implementation of service improvements/discharge practices monitored via Discharge Improvement Board	Complete/ On Schedule	Number of service improvements implemented including revised operating model at RGH & Nevill Hall Hospital (NHH) discharge lounge, Ready to Go Unit at RGH, H2H service working with three localities.	Alignment of WAST/Pharmacy resource with Discharge Lounge model.
NHH Service Model	Complete detailed service model including the workforce plan	Off track within tolerance	<ul style="list-style-type: none"> -Project Board established -Professional advisors scope expanded to support Strategic Outline Case development -Clinical Model workshops progressing 	Develop and implement an engagement plan to shape and further develop service model

Quadruple Aim 2 Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Priority	Performance Summary	Performance against ambition	Data	Actions
Longest waiting patients	Numbers of patients waiting over 52 weeks (all stages)	26,988 Below Ambition of 28,961	<p>Patients waiting more than 52 weeks - all stages</p>	<ul style="list-style-type: none"> Resubmitted planned care plans on 31st May. Deep dives undertaken in ENT, Orthopaedics and Ophthalmology Approval of plans in ENT, Max Fax, and T&O to reduce 104-week outpatient position. 85% theatre utilisation in Max Fax and Ophthalmology drive for 24/25. Treat in turn – speciality specific targets to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 positions. Ophthalmology – progress with regional solution to increase capacity for cataract outpatient and inpatient stages to eliminate 104 weeks by December 2024. Virtual spines clinic with SAS Doctor is resulting in a 70% discharge rate. Increased volume lists (colorectal UGI) and increase productivity. Bi-weekly Referral to Treatment Time (RTT) Directorate meetings focusing on elimination of 156 weeks. Weekly reporting to Welsh Government in place.
	Numbers of patients waiting over 104 weeks (all stages)	4,408 Below Ambition of 4,527	<p>Patients waiting more than 104 weeks - all stages</p>	

	<p>Elimination of total waits over 156 weeks (all stages)</p>	<p>47 Below Ambition of 0</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Outpatient Transformation</p>	<p>Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)</p>	<p>9.1% Below Ambition of 13.50%</p>		<ul style="list-style-type: none"> • Scoping exercise of pathways in place in other Health Boards in Wales to identify potential opportunities, information on potential gaps to be shared with relevant teams to identify current process/if SOS/PIFU would be appropriate (or if alternative pathways e.g. straight to discharge are in place) • Working with specialties to support implementation of national recommendations for Discharge protocols/SOS/PIFU
	<p>Reduction in the number of patients waiting 100% past Outpatient follow-up target date</p>	<p>28,825 Below Ambition of 20,980</p>		<ul style="list-style-type: none"> • Promotion of Straight to Discharge, SOS and PIFU pathways • Validation lists produced by Performance Team looking at duplicates across RTT/Delayed follow ups/Treatments/SOS and PIFU to support targeted validation. • Individual specialty follows up plans to be developed as part of Outpatient Transformation plans. • Workstreams to maximise capacity e.g. focus on reduction of Did Not Attend, clinic cancellations and maximising use of Outpatient space

Single Cancer Pathway

Increase in Single Cancer Pathway 62-day compliance

59.8%
Ambition Met (within tolerance) of 61.0%

Reduction in backlog of patients waiting over 62 days (SCP)

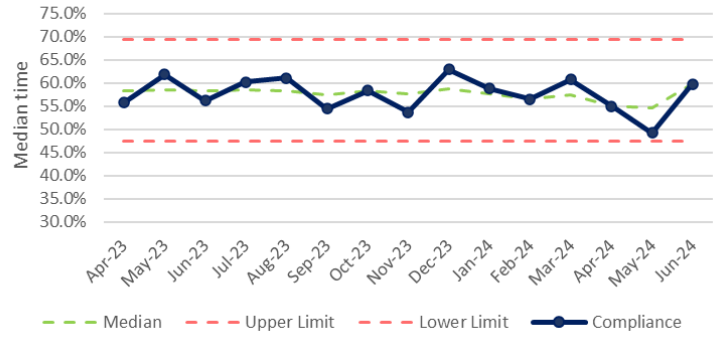
420
Above Ambition of 309

Reduction in backlog of patients waiting over 104 days (SCP)

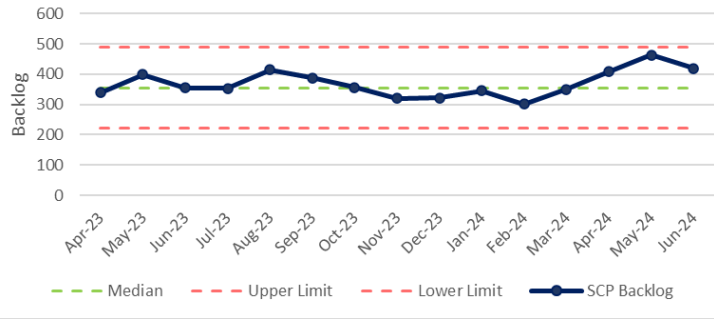
145
Above Ambition of 84

87.9%

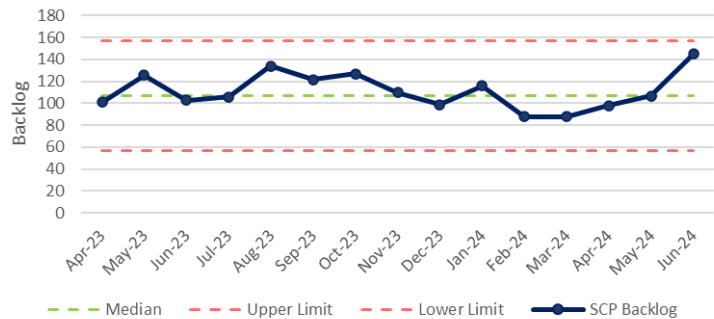
% Patients starting first definitive cancer treatment within 62 days from point of suspicion



SCP 62 Day Backlog



SCP 104 Day Backlog



- Task and Finish group established for x 3 tumour sites, gynae, urology and lower GI.
- Demand and capacity exercise completed in Cellular Pathology and recruitment strategy developed in response to meet demand for Urgent Suspected Cancer tests, additional workforce will result in 75 average number of Urgent Suspected Cancer (USC) cases to pending per day by Q3 (currently 60)
- Roche Ventana equipment to go live on 22nd July which will bring Immunocytochemistry (ICC) tests inhouse for lung cancer and reduce wait for these patients starting on treatment.
- Additional consultant staff in Pathology to support increase in reporting and reduction in urgent and USC reporting backlog.
- Weekly Performance meetings with service managers within Pathology to maintain focus on output.
- Quarterly Directorate Assurance meetings instigated to focus on delivery, workforce, finance, risk, and governance including in pathology and Cancer Services

	Increase in rate of cancer diagnosis or discharges within 28 days	Above Ambition of 80%		
Diagnostics 8 Week Wait	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	4,221 Above Ambition of 2,417		<ul style="list-style-type: none"> • Mobile MRI scanner retained and supporting capacity. • Directing 60% of endoscopy capacity to USC backlog (partially caused by Industrial Action) • Options appraisal under development for Diagnostic Board around future of Neurophysiology service considering current fragility. • Workstreams and small cases of change identified from Toyota coaching groups implemented and actioned- further detail available once coaching groups commenced

Milestones	Q1 Planned	Q1 Progress	Q1 Comments	Planned for Next Quarter
Single Cancer Pathway	Establish Task and Finish Groups for tumour sites	Complete/ On Schedule	Urology, Colorectal and Gynaecology Task and Finish Groups meeting monthly. Taking on audits, pathway improvement work and deep dives to improve compliance	Review and reset workplans for each tumour site
	Teams engaging with Toyota coaching and regular project task groups	Complete/ On Schedule	Teams are engaging with Toyota or absorbed into business as usual.	Teams engaging with Toyota coaching and regular project task groups.
	Urology: Introduce Frank Haematuria pathway Head and Neck: Explore opportunities for Straight to Test pathways in H&N	Off track within tolerance	-Haematuria is in place and being audited for effectiveness to ensure that it is the correct process for our patients. Head and Neck straight to test pathway not implemented yet. There is still an ambition to put suspected cancer neck lump through the Rapid Diagnostic Clinic pathway but that is unlikely to be developed until Q3.	-Gynae: Improve the scope-to-scan pathway and Improve biopsy-to-scan pathway for uterine carcinoma and endometrial carcinoma -Colorectal: improve/introduce Straight to Test pathway for colorectal

Longest waiting patients	Waiting Well single point of contact service launched and evaluated in 12 months	Complete/ On Schedule	-Waiting well brochure has been completed and is due to distribution. -Spend plan has been submitted and funding to be secured pending submission of the project planning. -Band 5 registered nurse role has been advertised. -5 week training programme for Band 3 call handlers to be undertaking including public health training (mental health, smoking cessation, alcohol consumption etc). -Engagement with services regarding call handler scripts to ensure awareness of all services available within region.	Achieve and maintain zero patients waiting > 156 Weeks
	Evaluate GP gatekeeper model in ENT to assess impact and explore opportunities (subject to funding) in other specialities	Off track within tolerance	Evaluation of GP gatekeep model in ENT complete. Between Jan and Jun 23: -76 sessions took place -3,343 referrals evaluated -798 rejected (24%) -An average of 43.99 referrals reviewed per session -An average of 10.5 referrals rejected per session Next steps include consideration of evaluation to identify opportunities to roll out to other specialities	Continue targeted approach to Treat in Turn to address current variability between specialities
Health Pathways	Platform launch in March 24 – embedding and tracking impact	Complete/ On Schedule	- Health Pathways platform launched, 12,161 page views, 2706 user sessions during Q1 2024-25. Communications and engagement plan ongoing to include launch webinar in April, presentation at key forums. -Engagement with Clinical Workstation developments for two-way eAdvice functionality. -Process for capturing and reporting pathway optimisation and refinement opportunities established.	Phase 2 pathways to go live and wraparound processes embedded within specialties – targeted approach to challenged specialties including ENT
Theatre Maximisation	Draft plans for Key Performance Indicators (KPIs) aligned to Model Hospital metrics to be finalised.	Complete/ On Schedule	-Qlik dashboard with KPI 1, 2 and 3 launched and monitoring in place through monthly cross-divisional Theatres Utilisation Group established. -Plans in place for further development of KPI 4 and model hospital metrics during Q2.	Delivery of improvement plan that responds to GIRFT (Elective Optimisation Programme) opportunities focusing on priority HVLCs, cancellations and late starts and early finishes.
	TiM studies across all Theatre sites to be completed.	Complete/ On Schedule	Time in Motion studies completed across all theatre sites.	Scoping of NHH flow and day surgery improvements and opportunities.
Getting it Right First Time (GIRFT) & Interventions not normally undertaken (INNUs)	Continued monitoring of use of INNUs recognising there are minimal areas which require targeted focus to achieve	Complete/ On Schedule	Data analysis was undertaken and completed during Q1 which revealed that specialities are adhering to the guidance and policies. No areas for targeted focus were therefore identified. INNUs will continue to be monitored to identify any potential further opportunities.	Implementation of Ear Nose and Throat GIRFT recommendations including reviewing day case rates and efficiency schemes.
Outpatient Transformation	Plan to respond to utilisation analysis to include scheduling, job plans and templates	Complete/ On Schedule	-Workstream plan as part of the Outpatient Transformation Programme has been identified and developed to maximise capacity. e.g. focus on reduction of DNA's, clinic	Implementation of Hospital Initiated Cancellations Policy and development

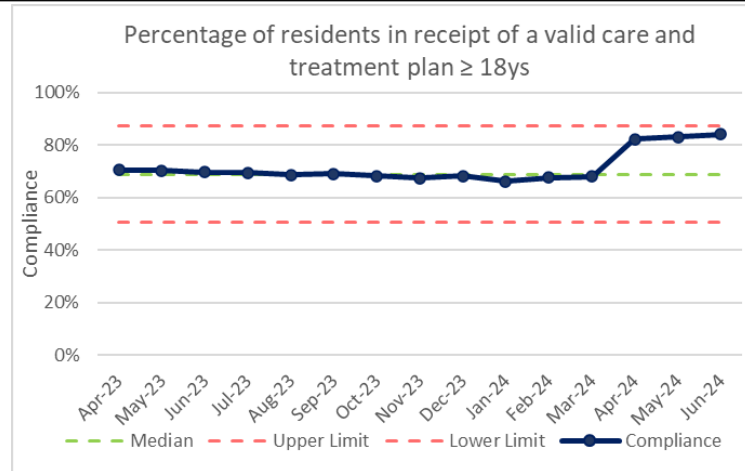
				<p>cancellations and maximising use of Outpatient space through clinic utilisation audits/development of Clinic Room Booking System and introduction of 6, 4, 2 process for Outpatients will impact both New and Follow up capacity</p> <p>- As part of the plan, a data gathering exercise has taken place to allow for clinic templates to be reviewed against job plans, team effectiveness and demand in relation of USC, new and follow-up patients. The review will take place during July and outputs will determine areas of targeted focus.</p>	of action plan to reduce cancellations linked to policy.
	Targeted validation of patients on multiple waiting lists to reduce total number of delayed follow ups with a focus on 100% past target	Off track within tolerance		<p>-Patient contact and validation team have undertaken some clerical validation of lists whilst letter validation for new patients has paused.</p> <p>-Validation lists produced by the Performance team have been focused on identifying duplicates across the patient pathway to identify areas to support targeted validation</p>	Development of proof-of-concept Automated Booking System
Diagnostics Week Wait	Continue to deliver 8-week target	Complete/ On Schedule		<p>End of Q1 figures: Cardiac CT= 0 breaches Non-Cardiac CT= 5 breaches MRI= 12 breaches</p>	Continue to deliver 8 week target
	Make improvements to reach 8-week target	Off track within tolerance		<p>Ultra Sound breaches= 974 This is due to increased long term sickness in term. Mitigating actions taken to manage this and following months numbers look set to improve,</p>	Make improvements to reach 8-week target.
	Implement trans-nasal endoscopy	Complete/ On Schedule		<p>The test of change was undertaken in an endoscopy theatre, but the service will be moved into another space which is not suitable for endoscopy; this will free-up valuable endoscopy estate to increase capacity.</p>	Submitting Joint Advisory Group Accreditation for Endoscopy application.
	Submission of Decontamination Unit business case	Complete/ On Schedule		<p>The Business Justification Case was approved by Board on 22 May 2024 and submitted to Welsh Government on 28 May 2024.</p>	Response to Welsh Government scrutiny questions on Business Justification Case

Quadruple Aim 2 Improving our Mental health services

Priority	Performance Summary	Performance against ambition	Data	Actions
Adults	Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)	64% Exceeding Ambition of 41%		<ul style="list-style-type: none"> Action plan in place to improve service delivery. Cleansing of waiting list achieved reduction of approximately 1500 clients in last six months. Robotic Process Automation process for E-referrals being set up. All GPs referrals will now have direct sharing between clinical systems to reduce the time to put referrals onto the system and allow more time for assessment within 28 days. Implementation of pilot of BRYN (brief review of your needs) this will allow prioritisation/triage of assessments and quicker access to intervention support.
	Increase in Part 1b to national target for Adult MH (interventions completed within 28 days)	17.9% Below Ambition of 20%		

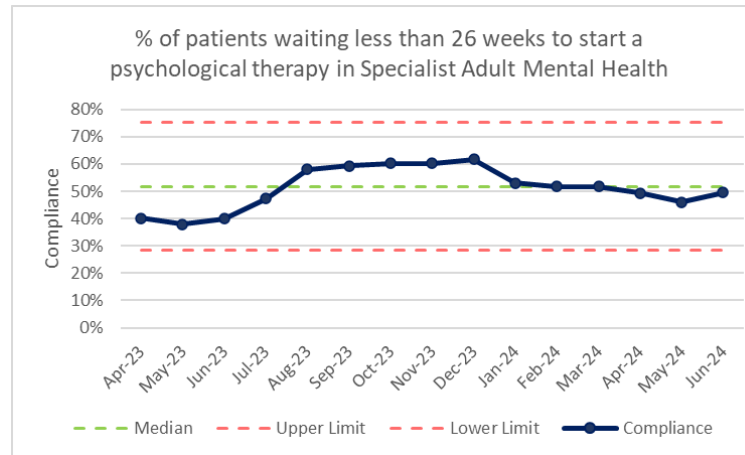
Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)

84.2%
Exceeding Ambition of 68.3%



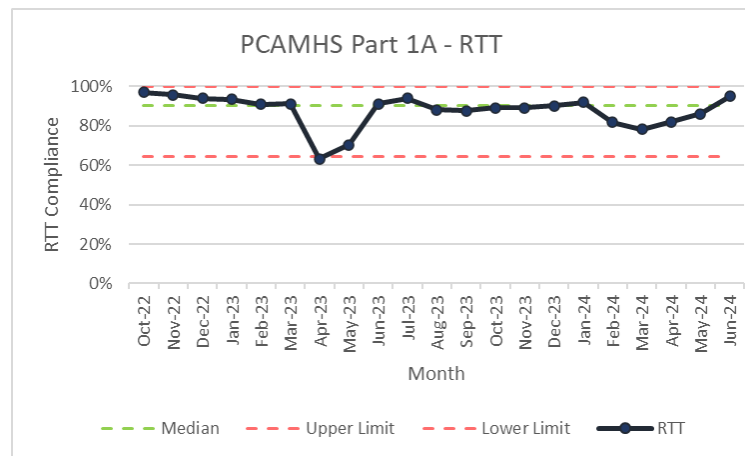
Maintain rate of psychological therapy received within 26 weeks for Adult MH

49.6%
Below Ambition of 64%



Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days)

95%
Exceeding Ambition of 90%



- Supporting the roll-out of the version 5 National Assessment Form which will support more accurate reporting of data around Part 2 compliance.
- Working with directorate to ensure all Care Treatment Plans are accurate and up to date.
- Caseload cleansing for data accuracy.

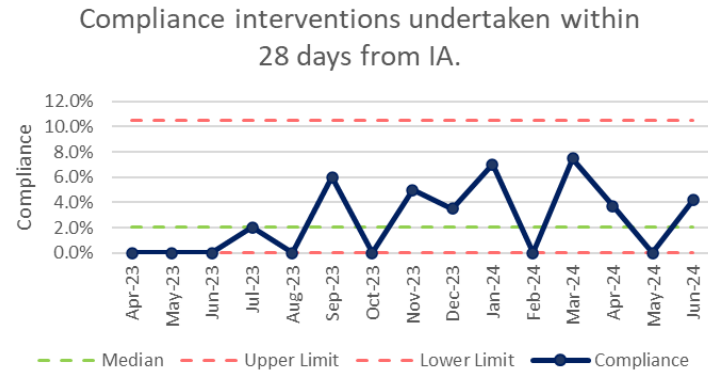
- Ongoing cleansing of caseload.
- Recruitment challenges ongoing however there is a continuous campaign to address vacancies.
- Performance Team has identified further work is needed in this area and an improvement plan required.

- Signposting to other sources of advice and support i.e. the Third Sector to support patients.
- Advice and support to the referrer on future management
- Referrals within Integrated CAMHS to continue to meet the needs of the child or young person.

Children and Young People

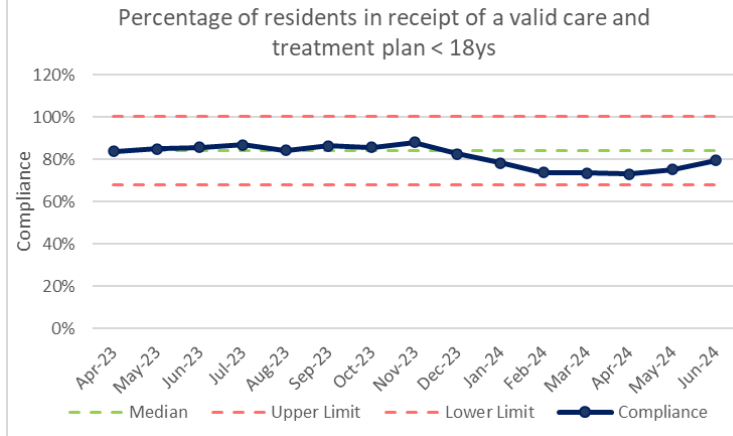
Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

4.2%
Met Ambition of 0%, below Target of 80%



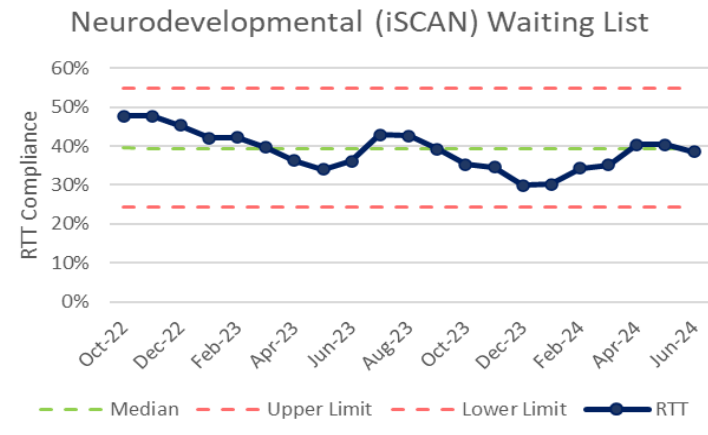
Maintain CAMHS Part 2 national target compliance

79.4%
Met Ambition of 80%



Improvement in Neurodevelopment (iSCAN) compliance

38.5%
Met Ambition of 40%



Maintain 80% compliance of SCAMHS Choice

92%
Exceeding Ambition of 80%

- Extended waits for 1B interventions, workforce requirements identified to support a proposed recovery plan to reduce the extended waits for the large cohort of children and young people who are waiting for Primary Care CAMHS intervention.

- The Service are scoping the requirements for additional resource to recover the new core partnership interventions. The service has identified high complexity and acuity of children and young people's mental health needs waiting.

- Paediatric Locum Consultant is now in place to support workforce gaps but there remain challenges due to ongoing absences.
- New Speech and Language Therapists for <5 pathway have commenced for new patients with more focus on screening. Coupled with the establishment of joint clinics with community Paediatricians.
- Recruitment to < 5 pathways underway for lead Occupational Therapy.
- Assessment completed and recruitment progressed for a community embedded role to ensure linking across CAMHS portfolio.
- Patients attending iSCAN in West from April 1st have been added to central waiting list.
- Neurodevelopment CHOICE documentation drawn up to mirror Portsmouth domains, all referrals being

	Assessments within 28 days from referral			<p>screened using these domains as trial. Soft launch planned for September 2024.</p> <ul style="list-style-type: none"> Continued weekly performance meetings and validation of CHOICE assessment and waiting lists demand and capacity. Expressions of interest sought for Clinical Lead for Care and Treatment planning to ensure the quality of care and treatment plans and completion in a timely manner
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Milestones	Q1 Planned	Q1 Progress	Q1 Comments	Planned for Next Quarter
Quality Improvement Plan	Following 90-day improvement plan delivered in 2023/24, maintain momentum and identify areas of further improvement	Complete/On schedule	Reviewed progress of improvement plan and areas of focus being identified.	Continue to strengthen governance and ensure the recommendations from the recent review are implemented
Recovering Part1 MH Performance (over 18)	Continue focus on improving performance for part1a and part1b through targeted action plans for adults (over 18)	Complete/On schedule	Team to continue to work on improvement plan including changes to referral process and reviewing current waiting list.	Address the backlog to improve performance targets through review of demand and capacity model.
Recovering Part1a MH Performance (under 18)	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target	Complete/On schedule	Continuing to deliver this metric, have correct capacity to meet current demand.	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target
	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)	Complete/On schedule	Improving slowly and the SWELL study will support improvement in compliance. Planning shows we should reach this by our December 2024 deadline.	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)
SCAMHS Choice Assessments 80% compliance (28 days referral to assessment)	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance	Complete/On schedule	Currently mobilising enough resource to meet 28-day target for CHOICE however don't have steady state therefore concerns about longer waiting list build up.	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance
CAMHS Part 2 Care and	Continued monitoring of Care and Treatment Plans within Part	Complete/On schedule	Following no applications for the first attempt a second round of expressions of interest has been sought for a Clinical Lead for Care and Treatment planning.	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance

Treatment Plan	2 Mental Measure to ensure RTT compliance			
	Continued working on WCCIS to ensure correct compliance is reported	Complete/On schedule	Work is ongoing to ensure correct compliance is reported through WCCIS with progress being made.	Monitoring of SCAMHS CMHT capacity to undertake care coordination
Rightsizing Inpatient Services	Undertake demand and capacity for adults and older adults recognising the fragility of the workforce models	Off track within tolerance	Demand and Capacity started for older adults and engagement started with adults to progress their demand and capacity.	Analyse the current learning disability inpatient service provision to ensure it meets the requirements of the learning disability strategy
111 Press 2	Formal consultation on changes to service to become a single point of contact	Off track within tolerance	Following delays in recruitment a new manager for this area is due to start on 1st July to drive forward service changes.	Undertake detailed funding and resource review to develop a proposal for sustainable model.
Complex Needs	Develop and implement action plan for commissioning of low secure placements.	Complete/On schedule	Action plan developed and placement panel established which is starting to see improvements in both patient outcomes and costs.	Work in partnership to develop community accommodation model
Neurodevelopmental services (Over 18)	Review the existing ADHD service model and resources required to deliver the service.	Complete/On schedule	Demand and capacity completed supported through the establishment of a Neurodevelopmental Strategic Group to deliver required service changes.	Consider demand and capacity for ADHD and IAS with aim to develop a universal model for primary care adult Neurodevelopmental services.
Neurodevelopmental services (under 18)	Engagement with whole ND Pathway to develop and agree ND Recovery Programme and approach	Off track within tolerance	Changes to under 5 pathway underway to increase capacity to improve compliance and improve trajectory to meet Welsh Government targets.	Implement the children's neurodevelopmental recovery plan that will enable the pathway to adapt to manage the increasing variable demand
Transforming Community Services	Undertake demand and capacity analysis for adults, older adults, learning disabilities and specialist services	Off track within tolerance	Work started on Demand and Capacity analysis for Community Services using mathematical modelling support and applying the NHS England Model.	Develop services based off demand and capacity aligned with right sizing inpatients that provide care in the most appropriate setting (Quarter 3)
Mental Health Strategy	Complete the needs analysis to inform the strategy development	Off track within tolerance	Two workshops were completed in July to understand the scope and set the direction. The lead responsibility has been embedded in the new Divisional Director portfolio in June 2024.	Co-produce the strategy through meaningful engagement with partners, staff and service users

The Health Board’s *People Plan, 2022 -2025, ‘Putting People First’*, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25):

Reporting Period July 24

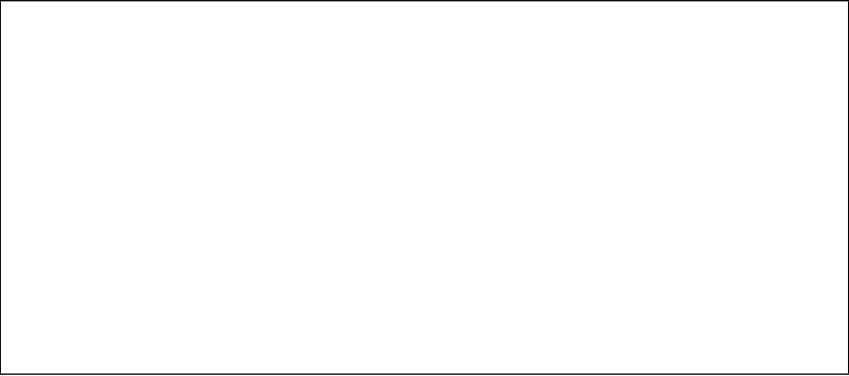
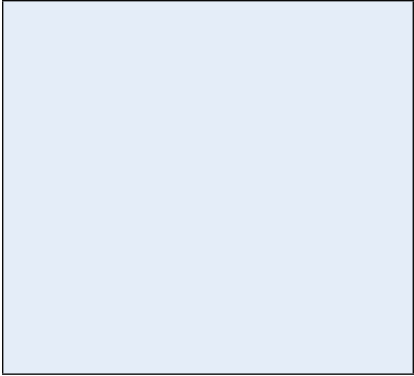
Priority	Performance Summary	Data																																																				
<p>Staff in Post</p>	<p>There are currently 12,995 WTE staff in post, a reduction of 94.02 WTE since March 2024. This is mostly attributed to:</p> <ul style="list-style-type: none"> • A decrease of 72.33wte in admin & clerical staff (see note below) • A decrease of 11.88wte Add Professional Scientific and Technical staff. Over half of the reduction has been due to TUPE transfers out of hosted teams and primary care managed practices and also services transferring to the newly established NHS Wales Executive. 	<table border="1"> <caption>Staff in Post WTE (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>WTE - Staff in Post</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>12650</td></tr> <tr><td>Apr-23</td><td>12650</td></tr> <tr><td>May-23</td><td>12700</td></tr> <tr><td>Jun-23</td><td>12750</td></tr> <tr><td>Jul-23</td><td>12750</td></tr> <tr><td>Aug-23</td><td>12800</td></tr> <tr><td>Sep-23</td><td>12900</td></tr> <tr><td>Oct-23</td><td>13000</td></tr> <tr><td>Nov-23</td><td>13050</td></tr> <tr><td>Dec-23</td><td>13050</td></tr> <tr><td>Jan-24</td><td>13100</td></tr> <tr><td>Feb-24</td><td>13150</td></tr> <tr><td>Mar-24</td><td>13150</td></tr> <tr><td>Apr-24</td><td>13000</td></tr> <tr><td>May-24</td><td>13000</td></tr> <tr><td>Jun-24</td><td>12950</td></tr> <tr><td>Jul-24</td><td>12950</td></tr> <tr><td>Aug-24</td><td>12950</td></tr> <tr><td>Sep-24</td><td>12950</td></tr> <tr><td>Oct-24</td><td>12950</td></tr> <tr><td>Nov-24</td><td>12950</td></tr> <tr><td>Dec-24</td><td>12950</td></tr> <tr><td>Jan-25</td><td>12950</td></tr> <tr><td>Feb-25</td><td>12950</td></tr> <tr><td>Mar-25</td><td>12950</td></tr> </tbody> </table>	Month	WTE - Staff in Post	Mar-23	12650	Apr-23	12650	May-23	12700	Jun-23	12750	Jul-23	12750	Aug-23	12800	Sep-23	12900	Oct-23	13000	Nov-23	13050	Dec-23	13050	Jan-24	13100	Feb-24	13150	Mar-24	13150	Apr-24	13000	May-24	13000	Jun-24	12950	Jul-24	12950	Aug-24	12950	Sep-24	12950	Oct-24	12950	Nov-24	12950	Dec-24	12950	Jan-25	12950	Feb-25	12950	Mar-25	12950
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<p>Administration Staff in Post</p>	<p>An administration and clerical review has been undertaken which identified a significant growth in this staff group over the past 5 years. Therefore, the aim is to reduce the number of administration and clerical costs by 2% before the end of the year through turnover and vacancy controls and a review of service opportunities.</p>	<table border="1"> <caption>Administration WTE (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Admin Staff in Post</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>2780</td></tr> <tr><td>Apr-23</td><td>2750</td></tr> <tr><td>May-23</td><td>2770</td></tr> <tr><td>Jun-23</td><td>2770</td></tr> <tr><td>Jul-23</td><td>2780</td></tr> <tr><td>Aug-23</td><td>2790</td></tr> <tr><td>Sep-23</td><td>2790</td></tr> <tr><td>Oct-23</td><td>2800</td></tr> <tr><td>Nov-23</td><td>2850</td></tr> <tr><td>Dec-23</td><td>2840</td></tr> <tr><td>Jan-24</td><td>2840</td></tr> <tr><td>Feb-24</td><td>2840</td></tr> <tr><td>Mar-24</td><td>2830</td></tr> <tr><td>Apr-24</td><td>2750</td></tr> <tr><td>May-24</td><td>2750</td></tr> <tr><td>Jun-24</td><td>2730</td></tr> <tr><td>Jul-24</td><td>2730</td></tr> <tr><td>Aug-24</td><td>2730</td></tr> <tr><td>Sep-24</td><td>2730</td></tr> <tr><td>Oct-24</td><td>2730</td></tr> <tr><td>Nov-24</td><td>2730</td></tr> <tr><td>Dec-24</td><td>2730</td></tr> <tr><td>Jan-25</td><td>2730</td></tr> <tr><td>Feb-25</td><td>2730</td></tr> <tr><td>Mar-25</td><td>2730</td></tr> </tbody> </table>	Month	Admin Staff in Post	Mar-23	2780	Apr-23	2750	May-23	2770	Jun-23	2770	Jul-23	2780	Aug-23	2790	Sep-23	2790	Oct-23	2800	Nov-23	2850	Dec-23	2840	Jan-24	2840	Feb-24	2840	Mar-24	2830	Apr-24	2750	May-24	2750	Jun-24	2730	Jul-24	2730	Aug-24	2730	Sep-24	2730	Oct-24	2730	Nov-24	2730	Dec-24	2730	Jan-25	2730	Feb-25	2730	Mar-25	2730
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<p>Sickness</p>	<p>Sickness Absence in July 24 was 6.29% which has increased from 5.96 % as reported end of March 24. Short term sickness accounts for 2.23% and long term sickness (over 28 days) as 4.06%. Target in Graph was set as part of the IMTP performance framework to achieve pre- covid sickness levels.</p> <p>Top 3 highest sickness by staff group:</p> <ol style="list-style-type: none"> 1. Additional Clinical Services (HCSWs) - 8.17% 2. Estates & Ancillary - 8.27% 3. Nursing & Midwifery - 6.35 	
<p>Top Sickness reasons</p>	<p>Currently Anxiety/Stress and Depression account for 2% of overall sickness, the target is to reduce this to 1.6%.</p> <p>Musculoskeletal problems account for the second highest reason for sickness absence at 0.55% of overall sickness. The target is to reduce this to 0.4%</p> <p>Our health and wellbeing service continues to increase the support options available for staff including psychological therapy, counselling and self-help and guidance tools. In addition our “Wellbeing Matters” programme provides advice and support to those suffering with physical conditions (e.g. back problems). We have also introduced an Employee Assistance Programme to support access to wellbeing support which has reduced waiting times for our internal staff wellbeing service.</p>	

<p>Variable Pay Bank</p>	<p>In the last quarter the target continues to be achieved with a reduction of 142 WTE and sustained and supported by the variable pay programme recognising the importance of recruitment and retention.</p> <p>55% of bank usage is Health Care support workforce 32% is Midwifery and 10% is Facilities. The target in graph was set as part of deliverables set out in IMTP performance framework.</p>	<p>Bank WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Bank A4C Usage WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>850</td><td>900</td></tr> <tr><td>Apr-23</td><td>950</td><td>900</td></tr> <tr><td>May-23</td><td>650</td><td>900</td></tr> <tr><td>Jun-23</td><td>900</td><td>900</td></tr> <tr><td>Jul-23</td><td>850</td><td>900</td></tr> <tr><td>Aug-23</td><td>900</td><td>900</td></tr> <tr><td>Sep-23</td><td>750</td><td>900</td></tr> <tr><td>Oct-23</td><td>800</td><td>900</td></tr> <tr><td>Nov-23</td><td>900</td><td>900</td></tr> <tr><td>Dec-23</td><td>850</td><td>900</td></tr> <tr><td>Jan-24</td><td>800</td><td>900</td></tr> <tr><td>Feb-24</td><td>1050</td><td>900</td></tr> <tr><td>Mar-24</td><td>1000</td><td>900</td></tr> <tr><td>Apr-24</td><td>750</td><td>900</td></tr> <tr><td>May-24</td><td>900</td><td>900</td></tr> <tr><td>Jun-24</td><td>950</td><td>900</td></tr> <tr><td>Jul-24</td><td>800</td><td>900</td></tr> <tr><td>Aug-24</td><td>900</td><td>900</td></tr> <tr><td>Sep-24</td><td>900</td><td>900</td></tr> <tr><td>Oct-24</td><td>900</td><td>900</td></tr> <tr><td>Nov-24</td><td>900</td><td>900</td></tr> <tr><td>Dec-24</td><td>900</td><td>900</td></tr> <tr><td>Jan-25</td><td>900</td><td>900</td></tr> <tr><td>Feb-25</td><td>900</td><td>900</td></tr> <tr><td>Mar-25</td><td>900</td><td>900</td></tr> </tbody> </table>	Month	Bank A4C Usage WTE	Target	Mar-23	850	900	Apr-23	950	900	May-23	650	900	Jun-23	900	900	Jul-23	850	900	Aug-23	900	900	Sep-23	750	900	Oct-23	800	900	Nov-23	900	900	Dec-23	850	900	Jan-24	800	900	Feb-24	1050	900	Mar-24	1000	900	Apr-24	750	900	May-24	900	900	Jun-24	950	900	Jul-24	800	900	Aug-24	900	900	Sep-24	900	900	Oct-24	900	900	Nov-24	900	900	Dec-24	900	900	Jan-25	900	900	Feb-25	900	900	Mar-25	900	900
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<p>Variable Pay Agency</p>	<p>Current Agency usage is 170.26 WTE, a reduction of 166 WTE in the last quarter. There has been significant reduction on agency usage since last year and 94% of agency usage is Registered Nursing. There will be sustainable reduction supported by the variable pay programme.</p> <p>Target in Graph was set as part of the deliverables set out in IMTP performance framework.</p>	<p>Agency WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Agency Usage WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>350</td><td>250</td></tr> <tr><td>Apr-23</td><td>300</td><td>250</td></tr> <tr><td>May-23</td><td>180</td><td>250</td></tr> <tr><td>Jun-23</td><td>280</td><td>250</td></tr> <tr><td>Jul-23</td><td>250</td><td>250</td></tr> <tr><td>Aug-23</td><td>350</td><td>250</td></tr> <tr><td>Sep-23</td><td>220</td><td>250</td></tr> <tr><td>Oct-23</td><td>220</td><td>250</td></tr> <tr><td>Nov-23</td><td>250</td><td>250</td></tr> <tr><td>Dec-23</td><td>200</td><td>250</td></tr> <tr><td>Jan-24</td><td>200</td><td>250</td></tr> <tr><td>Feb-24</td><td>280</td><td>250</td></tr> <tr><td>Mar-24</td><td>150</td><td>250</td></tr> <tr><td>Apr-24</td><td>150</td><td>250</td></tr> <tr><td>May-24</td><td>180</td><td>250</td></tr> <tr><td>Jun-24</td><td>150</td><td>250</td></tr> <tr><td>Jul-24</td><td>150</td><td>250</td></tr> <tr><td>Aug-24</td><td>150</td><td>250</td></tr> <tr><td>Sep-24</td><td>150</td><td>250</td></tr> <tr><td>Oct-24</td><td>150</td><td>250</td></tr> <tr><td>Nov-24</td><td>150</td><td>250</td></tr> <tr><td>Dec-24</td><td>150</td><td>250</td></tr> <tr><td>Jan-25</td><td>150</td><td>250</td></tr> <tr><td>Feb-25</td><td>150</td><td>250</td></tr> <tr><td>Mar-25</td><td>170</td><td>250</td></tr> </tbody> </table>	Month	Agency Usage WTE	Target	Mar-23	350	250	Apr-23	300	250	May-23	180	250	Jun-23	280	250	Jul-23	250	250	Aug-23	350	250	Sep-23	220	250	Oct-23	220	250	Nov-23	250	250	Dec-23	200	250	Jan-24	200	250	Feb-24	280	250	Mar-24	150	250	Apr-24	150	250	May-24	180	250	Jun-24	150	250	Jul-24	150	250	Aug-24	150	250	Sep-24	150	250	Oct-24	150	250	Nov-24	150	250	Dec-24	150	250	Jan-25	150	250	Feb-25	150	250	Mar-25	170	250
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<p>Variable Pay Medical Locum</p>	<p>Current locum usage is 57.87 WTE which a decrease in 5 WTE from this period last year. There is ongoing work with the development of a medical workforce bespoke strategy and the introduction of medical E-Systems to support this work.</p> <p>Target in Graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage.</p>	<p>Medical Locum WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Medical Locum WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>35</td><td>50</td></tr> <tr><td>Apr-23</td><td>75</td><td>50</td></tr> <tr><td>May-23</td><td>60</td><td>50</td></tr> <tr><td>Jun-23</td><td>55</td><td>50</td></tr> <tr><td>Jul-23</td><td>45</td><td>50</td></tr> <tr><td>Aug-23</td><td>45</td><td>50</td></tr> <tr><td>Sep-23</td><td>50</td><td>50</td></tr> <tr><td>Oct-23</td><td>45</td><td>50</td></tr> <tr><td>Nov-23</td><td>65</td><td>50</td></tr> <tr><td>Dec-23</td><td>55</td><td>50</td></tr> <tr><td>Jan-24</td><td>60</td><td>50</td></tr> <tr><td>Feb-24</td><td>65</td><td>50</td></tr> <tr><td>Mar-24</td><td>60</td><td>50</td></tr> <tr><td>Apr-24</td><td>55</td><td>50</td></tr> <tr><td>May-24</td><td>55</td><td>50</td></tr> <tr><td>Jun-24</td><td>55</td><td>50</td></tr> <tr><td>Jul-24</td><td>55</td><td>50</td></tr> <tr><td>Aug-24</td><td>55</td><td>50</td></tr> <tr><td>Sep-24</td><td>55</td><td>50</td></tr> <tr><td>Oct-24</td><td>55</td><td>50</td></tr> <tr><td>Nov-24</td><td>55</td><td>50</td></tr> <tr><td>Dec-24</td><td>55</td><td>50</td></tr> <tr><td>Jan-25</td><td>55</td><td>50</td></tr> <tr><td>Feb-25</td><td>55</td><td>50</td></tr> <tr><td>Mar-25</td><td>57.87</td><td>50</td></tr> </tbody> </table>	Month	Medical Locum WTE	Target	Mar-23	35	50	Apr-23	75	50	May-23	60	50	Jun-23	55	50	Jul-23	45	50	Aug-23	45	50	Sep-23	50	50	Oct-23	45	50	Nov-23	65	50	Dec-23	55	50	Jan-24	60	50	Feb-24	65	50	Mar-24	60	50	Apr-24	55	50	May-24	55	50	Jun-24	55	50	Jul-24	55	50	Aug-24	55	50	Sep-24	55	50	Oct-24	55	50	Nov-24	55	50	Dec-24	55	50	Jan-25	55	50	Feb-25	55	50	Mar-25	57.87	50
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<p>Variable Pay Medical Agency</p>	<p>Current Medical Agency WTE is 50.55 WTE, showing a sustained decrease in trend to achieving target.</p> <p>Target in Graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage.</p>	
<p>Turnover</p>	<p>Current turnover rate is 9.08% a reduction from 9.55% the previous year which has been sustained over the last quarter.</p> <p>Nursing and Midwifery have the lowest turnover rate of 7.59% whilst Allied Health Professionals have the highest 12.27%. The Stability Index (which is the employee numbers by head count at the end of a reporting period) is 97.61% for the first quarter of this year.</p> <p>The target in Graph was set as part of the IMTP performance framework.</p>	
<p>PADR</p>	<p>Current PADR compliance is 74.25% a quarterly increase of 3% and we continue to work towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.</p>	

<p>Job Planning</p>	<p>Current compliance rate is 24% although this is in part due to the introduction of a new medical e-system. Once fully implemented, the target is set at 85%.</p> <p>There are 317 senior medical staff (Consultant and SAS doctors) recorded in progress in the e-system which once completed will take our compliance to 67%.</p>	<p>Consultant Job Planning</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Compliance Rate (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>28</td></tr> <tr><td>Apr-23</td><td>30</td></tr> <tr><td>May-23</td><td>28</td></tr> <tr><td>Jun-23</td><td>27</td></tr> <tr><td>Jul-23</td><td>29</td></tr> <tr><td>Aug-23</td><td>29</td></tr> <tr><td>Sep-23</td><td>30</td></tr> <tr><td>Oct-23</td><td>29</td></tr> <tr><td>Nov-23</td><td>28</td></tr> <tr><td>Dec-23</td><td>25</td></tr> <tr><td>Jan-24</td><td>25</td></tr> <tr><td>Feb-24</td><td>25</td></tr> <tr><td>Mar-24</td><td>25</td></tr> <tr><td>Apr-24</td><td>24</td></tr> <tr><td>May-24</td><td>22</td></tr> <tr><td>Jun-24</td><td>22</td></tr> <tr><td>Jul-24</td><td>24</td></tr> <tr><td>Aug-24</td><td>24</td></tr> <tr><td>Sep-24</td><td>24</td></tr> <tr><td>Oct-24</td><td>24</td></tr> <tr><td>Nov-24</td><td>24</td></tr> <tr><td>Dec-24</td><td>24</td></tr> <tr><td>Jan-25</td><td>24</td></tr> <tr><td>Feb-25</td><td>24</td></tr> <tr><td>Mar-25</td><td>25</td></tr> </tbody> </table>	Month	Compliance Rate (%)	Mar-23	28	Apr-23	30	May-23	28	Jun-23	27	Jul-23	29	Aug-23	29	Sep-23	30	Oct-23	29	Nov-23	28	Dec-23	25	Jan-24	25	Feb-24	25	Mar-24	25	Apr-24	24	May-24	22	Jun-24	22	Jul-24	24	Aug-24	24	Sep-24	24	Oct-24	24	Nov-24	24	Dec-24	24	Jan-25	24	Feb-25	24	Mar-25	25																										
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<p>Mandatory training</p>	<p>Current compliance rate is 82.53% an increase of pervious year of 78.23% and a quarterly increase of 6 % in achieving target of 85%</p>	<p>Mandatory & Statutory Training</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Current Rate (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>78</td><td>85</td></tr> <tr><td>Apr-23</td><td>78</td><td>85</td></tr> <tr><td>May-23</td><td>78</td><td>85</td></tr> <tr><td>Jun-23</td><td>78</td><td>85</td></tr> <tr><td>Jul-23</td><td>78</td><td>85</td></tr> <tr><td>Aug-23</td><td>78</td><td>85</td></tr> <tr><td>Sep-23</td><td>78</td><td>85</td></tr> <tr><td>Oct-23</td><td>78</td><td>85</td></tr> <tr><td>Nov-23</td><td>78</td><td>85</td></tr> <tr><td>Dec-23</td><td>78</td><td>85</td></tr> <tr><td>Jan-24</td><td>78</td><td>85</td></tr> <tr><td>Feb-24</td><td>78</td><td>85</td></tr> <tr><td>Mar-24</td><td>82</td><td>85</td></tr> <tr><td>Apr-24</td><td>82</td><td>85</td></tr> <tr><td>May-24</td><td>82</td><td>85</td></tr> <tr><td>Jun-24</td><td>82</td><td>85</td></tr> <tr><td>Jul-24</td><td>82</td><td>85</td></tr> <tr><td>Aug-24</td><td>82</td><td>85</td></tr> <tr><td>Sep-24</td><td>82</td><td>85</td></tr> <tr><td>Oct-24</td><td>82</td><td>85</td></tr> <tr><td>Nov-24</td><td>82</td><td>85</td></tr> <tr><td>Dec-24</td><td>82</td><td>85</td></tr> <tr><td>Jan-25</td><td>82</td><td>85</td></tr> <tr><td>Feb-25</td><td>82</td><td>85</td></tr> <tr><td>Mar-25</td><td>82</td><td>85</td></tr> </tbody> </table>	Month	Current Rate (%)	Target (%)	Mar-23	78	85	Apr-23	78	85	May-23	78	85	Jun-23	78	85	Jul-23	78	85	Aug-23	78	85	Sep-23	78	85	Oct-23	78	85	Nov-23	78	85	Dec-23	78	85	Jan-24	78	85	Feb-24	78	85	Mar-24	82	85	Apr-24	82	85	May-24	82	85	Jun-24	82	85	Jul-24	82	85	Aug-24	82	85	Sep-24	82	85	Oct-24	82	85	Nov-24	82	85	Dec-24	82	85	Jan-25	82	85	Feb-25	82	85	Mar-25	82	85
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<p>Time to Hire</p>	<p>The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, Currently Health Board is achieving this in 69 days and is showing month on month improvements.</p> <p>Conditional offer letter is 31 days which is higher than expected All Wales target of 25 days</p>	<p>Vacancy Creation to Unconditional Offer</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Current Time to Hire (Days)</th> <th>Target (Days)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>78</td><td>71</td></tr> <tr><td>Apr-23</td><td>78</td><td>71</td></tr> <tr><td>May-23</td><td>78</td><td>71</td></tr> <tr><td>Jun-23</td><td>78</td><td>71</td></tr> <tr><td>Jul-23</td><td>78</td><td>71</td></tr> <tr><td>Aug-23</td><td>78</td><td>71</td></tr> <tr><td>Sep-23</td><td>78</td><td>71</td></tr> <tr><td>Oct-23</td><td>78</td><td>71</td></tr> <tr><td>Nov-23</td><td>78</td><td>71</td></tr> <tr><td>Dec-23</td><td>78</td><td>71</td></tr> <tr><td>Jan-24</td><td>78</td><td>71</td></tr> <tr><td>Feb-24</td><td>78</td><td>71</td></tr> <tr><td>Mar-24</td><td>69</td><td>71</td></tr> <tr><td>Apr-24</td><td>69</td><td>71</td></tr> <tr><td>May-24</td><td>69</td><td>71</td></tr> <tr><td>Jun-24</td><td>69</td><td>71</td></tr> <tr><td>Jul-24</td><td>69</td><td>71</td></tr> <tr><td>Aug-24</td><td>69</td><td>71</td></tr> <tr><td>Sep-24</td><td>69</td><td>71</td></tr> <tr><td>Oct-24</td><td>69</td><td>71</td></tr> <tr><td>Nov-24</td><td>69</td><td>71</td></tr> <tr><td>Dec-24</td><td>69</td><td>71</td></tr> <tr><td>Jan-25</td><td>69</td><td>71</td></tr> <tr><td>Feb-25</td><td>69</td><td>71</td></tr> <tr><td>Mar-25</td><td>69</td><td>71</td></tr> </tbody> </table>	Month	Current Time to Hire (Days)	Target (Days)	Mar-23	78	71	Apr-23	78	71	May-23	78	71	Jun-23	78	71	Jul-23	78	71	Aug-23	78	71	Sep-23	78	71	Oct-23	78	71	Nov-23	78	71	Dec-23	78	71	Jan-24	78	71	Feb-24	78	71	Mar-24	69	71	Apr-24	69	71	May-24	69	71	Jun-24	69	71	Jul-24	69	71	Aug-24	69	71	Sep-24	69	71	Oct-24	69	71	Nov-24	69	71	Dec-24	69	71	Jan-25	69	71	Feb-25	69	71	Mar-25	69	71
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The Quality and Safety performance is reported against a condensed range of indicators compared to Quality Outcomes Report which is produced for the Quality and Patient Safety Committee. The Top-level indicators provided for the integrated performance mapped to under the pillars of quality:

- Patient Experience:** Patient feedback- CIVICA data
- Incidents:** National Reported Incidents, Duty of candour, Mortality
- Complaints, concerns, compliments:** Concerns – 30 day performance
- Infection Control and Prevention:** Infection Control
- Health, Safety & Security:** Violence and aggression towards staff
- Safeguarding:** Duty to report

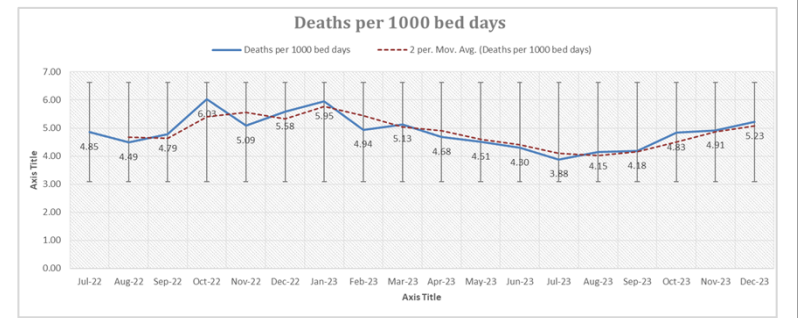
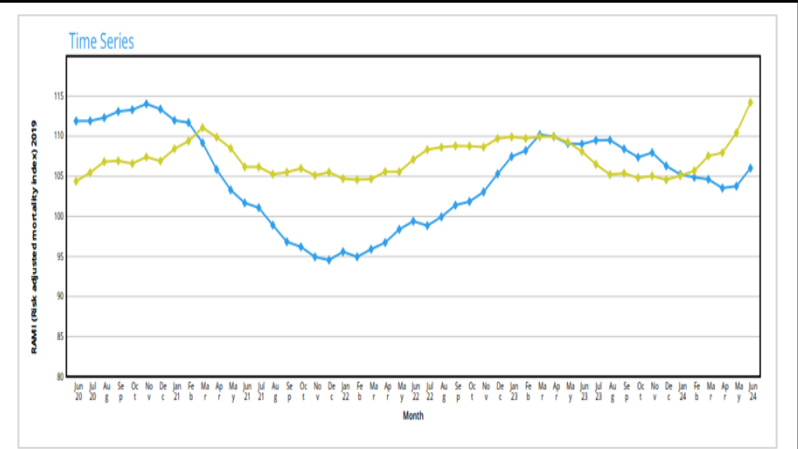
Priority	Performance Summary	Data								
<p>Patient Experience CIVICA</p>	<p>On 20th February 2023, the CIVICA platform was launched across the Health Board. Posters with QR Codes displayed across hospitals and clinics, and feedback provided anonymously by scanning this code on your personal phone/device.</p> <p>Quarter One - Overall satisfaction increased to 90% for all surveys (benchmark is 85%).</p>	<p>The data visualization consists of two parts. On the left, a summary card shows 'Number of Responses' as 1663 and 'Satisfaction Score ALL' as 90%. On the right, a line graph titled 'Responses Trend Graph' shows the number of responses over time: 15 in April, 14 in May, and 50 in June.</p> <table border="1"> <caption>Responses Trend Graph Data</caption> <thead> <tr> <th>Month</th> <th>Number of Responses</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>15</td> </tr> <tr> <td>May</td> <td>14</td> </tr> <tr> <td>Jun</td> <td>50</td> </tr> </tbody> </table>	Month	Number of Responses	Apr	15	May	14	Jun	50
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<p>Incidents National Reportable Incidents</p>	<p>The Health Board reported 20 National Reportable Incidents in April, 13 in May, with a decrease to 2 in June. In May 2023, the Health Board met with NHS Executive colleagues, to discuss the reporting criteria. As a result, the number of reported NRI's saw a significant increase in June 2023. We have since seen stabilisation of reporting, and continue to monitor.</p>	<p>National Reportable Incidents Reported</p> <table border="1"> <caption>National Reportable Incidents Reported</caption> <thead> <tr> <th>Month</th> <th>Q1 2023</th> <th>Q1 2024</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>3</td> <td>20</td> </tr> <tr> <td>May</td> <td>4</td> <td>13</td> </tr> <tr> <td>Jun</td> <td>17</td> <td>2</td> </tr> </tbody> </table>	Month	Q1 2023	Q1 2024	Apr	3	20	May	4	13	Jun	17	2																								
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<p>Incidents Duty of Candour</p>	<p>In Quarter 1 2024/25 there were 6170 incidents affecting patients reported on the Datix Cymru system.</p> <p>There have been 18 incidents that have triggered Duty of Candour. <i>This figure is based on the question - Was Healthcare provided a factor?</i></p> <p>The Duty of Candour was introduced in April 2023. The way in which Duty of Candour is captured on RL Datix, and reporting criteria has been refined for 2024/25. Due to this change, we are unable to provide comparative data.</p>	<p>Duty of Candor Triggered - Q1 2024/25</p> <table border="1"> <caption>Duty of Candor Triggered - Q1 2024/25</caption> <thead> <tr> <th>Division</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> </thead> <tbody> <tr> <td>Medicine</td> <td>1</td> <td>5</td> <td>0</td> </tr> <tr> <td>Primary Care</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Surgery</td> <td>2</td> <td>1</td> <td>3</td> </tr> <tr> <td>F&T</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>Mental Health</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>CS</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Urgent Care</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Complex Care</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Division	Apr-24	May-24	Jun-24	Medicine	1	5	0	Primary Care	0	1	1	Surgery	2	1	3	F&T	1	0	1	Mental Health	0	0	0	CS	0	0	0	Urgent Care	1	1	0	Complex Care	0	0	0
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Mortality

Risk Adjusted Mortality Indicators (RAMI) has dropped below the All Wales peer but continues to vary. Crude mortality and the mortality rate are flat and consistent. Individual mortality reports will enable Directorates to undertake deep dives in high mortality specialties.

Q1 RAMI is 107.

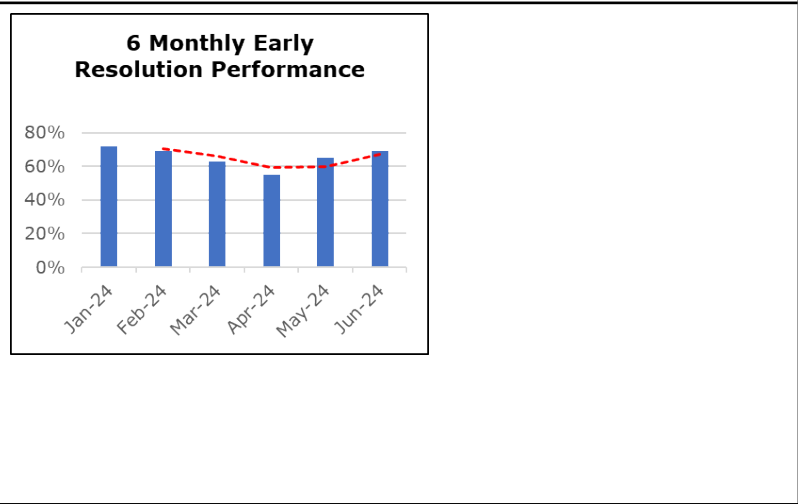


Concerns 30-day performance

Welsh Government target for responding to concerns is 75% within 30 working days

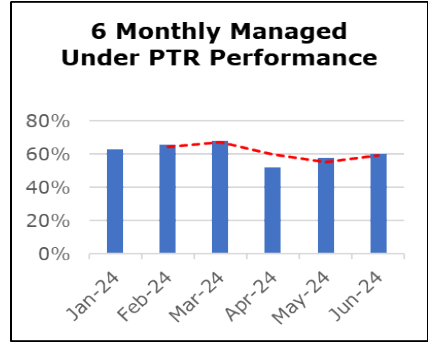
Across Q1 2024/25 we saw a 4% decrease in the number of concerns received by the Health Board. Although the Health Board has received on average 20 more concerns per month across the period than have been closed. Despite this, organisationally we have managed to ensure more than 57% of the complaints received are being completed within the 30-working day target, compared with 54% across the same quarter in 2023/24.

The number of concerns received both Managed through Putting Things Right and via Early Resolution has increased by



approximately 40% on the same reporting period 2023-24. The themes for the period remain unchanged from Q3 and Q4.

At the end of Q1 the number of concerns exceeding 12 months has reduced to 6, which is a positive decrease from 11.



Infection Prevention & Control

A total of 98 cases of C diff reported from Apr 2024 - Jul 2024. HB rate of 49.07 per 100,000 population. This is 36 more (56% higher) than the equivalent period 23/24.

A total of 48 cases of Staph aureus bacteraemia reported from Apr 24 - Jun 24. HB rate of 32.55 per 100,000 population. This is 26 more (118% higher) than the equivalent period 23/24.

A total of 87 cases of E coli reported from Apr 2024 - Jun 2024. HB rate of 59.01 per 100,000 population. This is 5 less (6% lower) than the equivalent period 23/24.

A total of 32 cases of Klebsiella reported from Apr 2024 to Jun 2024. HB rate of 21.07 per 100,000 population. This is 1 more (3% higher) than the equivalent period 23/24.

A total of 11 cases of Pseudomonas reported from Apr 2024 to Jun 2024. HB rate of 7.46. This is 5 more (83% higher) than the equivalent period 23/24.

Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Jun 24

Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Current FY	Aneurin Bevan UHB	49.51	1.36	31.2	59.01	21.7	7.46
	Betsi Cadwaladr UHB	47.21	1.75	23.31	83.93	12.82	1.17
Select organism group	Cardiff and Vale UHB	45.22	0.79	36.49	53.15	24.59	6.35
All organisms	Cwm Taf Morgannwg UHB	37.94	0.9	34.33	77.68	24.39	3.61
	Hywel Dda UHB	56.24	3.12	29.16	90.62	20.83	9.37
	Powys THB	23.97	0	3	0	0	0
< than same period last FY	Swansea Bay UHB	63.81	1.05	26.15	54.39	35.57	1.05
= same period last FY	Velindre NHST						
> than same period last FY	Wales	48.16	1.41	28.82	67.11	21.77	4.48

<p>Health & Safety</p>	<p>Violence and aggression towards staff: We have implemented comprehensive support systems for staff who experience violence and aggression through the Violence and Aggression Case Management Team. These systems include clear pathways to support services such as Employee Wellbeing, Connect to Gwent, and other Employee Assistance Programs. In addition, we offer advice and guidance on criminal matters, internal policies and procedures, and broader risk management practices to help ensure a safe working environment.</p> <p>We strongly encourage employees to report all incidents of violence and aggression through Datix Cymru, and to Gwent Police when appropriate. By doing so, we aim to address issues promptly and effectively, providing the necessary support to our staff while maintaining a safe and secure workplace.</p>	<table border="1"> <thead> <tr> <th>Type of Violence towards Staff</th> <th>Q1 – 2024/25</th> </tr> </thead> <tbody> <tr> <td>Aggressive/threatening behaviour</td> <td>306</td> </tr> <tr> <td>Harassment</td> <td>11</td> </tr> <tr> <td>Inappropriate use of social media</td> <td>1</td> </tr> <tr> <td>Patient clinically challenging behaviour</td> <td>9</td> </tr> <tr> <td>Physical assault (physical contact)</td> <td>179</td> </tr> <tr> <td>Sexual (inappropriate) behaviour</td> <td>15</td> </tr> <tr> <td>Sexual assault</td> <td>4</td> </tr> <tr> <td>Verbal assault (gender/sexual orientation)</td> <td>1</td> </tr> <tr> <td>Verbal assault (racial abuse)</td> <td>4</td> </tr> <tr> <td>Verbal assault (swearing etc.)</td> <td>10</td> </tr> <tr> <td>Total</td> <td>540</td> </tr> </tbody> </table>	Type of Violence towards Staff	Q1 – 2024/25	Aggressive/threatening behaviour	306	Harassment	11	Inappropriate use of social media	1	Patient clinically challenging behaviour	9	Physical assault (physical contact)	179	Sexual (inappropriate) behaviour	15	Sexual assault	4	Verbal assault (gender/sexual orientation)	1	Verbal assault (racial abuse)	4	Verbal assault (swearing etc.)	10	Total	540
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Verbal assault (swearing etc.)	10																									
Total	540																									
<p>Safeguarding</p>	<p>Duty to report: Safeguarding activity data must be used with caution when being utilised as a marker of quality improvement. However, the current data available for 2024/25 highlights there has been a substantial number of safeguarding referrals made, or responded to, by the ABUHB Safeguarding Team. This is influenced by a number of potentially negative factors (increased harm) over which we have no control but is also testimony to the effectiveness of the workforce in being aware of neglect and abuse within our population.</p> <p>It should be noted that the duty to report figures represent those that were generated by the Health Board and quarter 1 comparisons have been made between 23/24 and 24/25.</p>	<table border="1"> <thead> <tr> <th></th> <th>2023/24</th> <th>2024/25</th> <th>Increase</th> </tr> </thead> <tbody> <tr> <td>Adult Duty to Report</td> <td>72</td> <td>102</td> <td>41%</td> </tr> <tr> <td>Child Duty to Report</td> <td>963</td> <td>1090</td> <td>13%</td> </tr> </tbody> </table>		2023/24	2024/25	Increase	Adult Duty to Report	72	102	41%	Child Duty to Report	963	1090	13%												
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Child Duty to Report	963	1090	13%																							

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.

Jun-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	4,490	14,397		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	10,576	18,029		0
	£59,093	17.9%	30.5%		
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)	%	97.4%	97.2%		>95%

The 2024/25 financial year to date budget performance as at month 3 is an adverse variance of **£14.397m**. 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 full delivery of savings and other operational pressures.

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

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)	21/22	22/23	22/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£89.600m Deficit	£56m Deficit



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Information Governance & SIRO Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides assurance on the Information Governance, Cyber Security and clinical coding arrangements for the Health Board with an update on recent activity.

Cefndir / Background

The Information Governance Sub-Committee is provided with performance information regarding the Health Boards compliance with the General Data Protection Regulation (GDPR), Data Protection Act 2018 (DPA 2018) and the Network & Information Systems regulations (2018) (NIS-R). The Health Board must monitor its performance against the regulations and needs to be assured that it's achieving an agreed and acceptable standard and have in place processes and procedures to comply with the legislation.

Reports from the Information Governance Sub-Committee are provided to the Finance and Performance Committee to provide assurance and escalate key risks and issues.

Aseiad / Assessment

1. Data Protection Impact Assessments (DPIA)

DPIA's are developed in conjunction with the Information Governance team, staff and suppliers to assure that information is handled correctly and kept safe via appropriate systems and processes.

There are two stages in the development of these:

- Stage 1 – screening questions are completed to gain a base line understanding of the project and to determine whether a full DPIA is required
- Stage 2 - completion of full DPIA if required

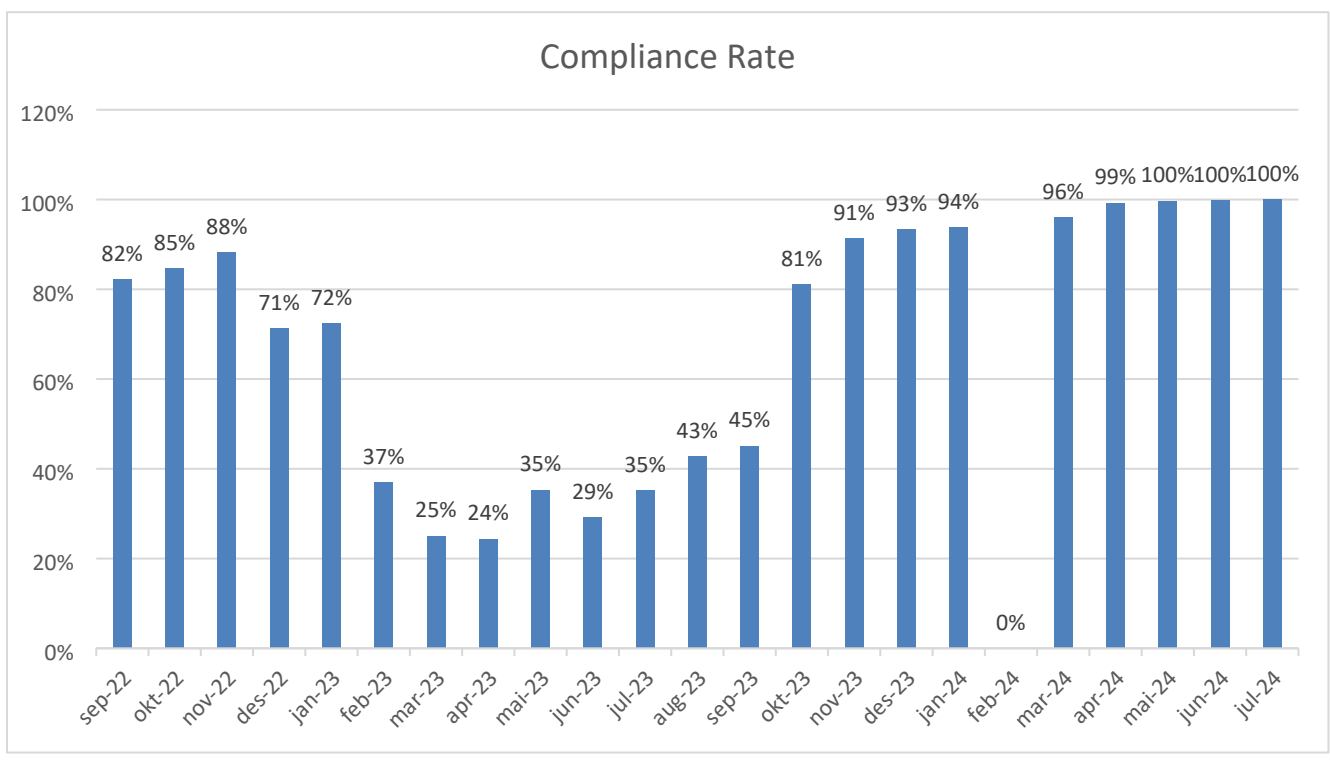
Any risks identified are managed in line with the Health Boards Risk Management framework.

The number of DPIA's completed are outlined below for information along with the full detail and associated summary risk position. **Appendix 1** contains further detail.

Period	Total number of DPIAs completed
May 2024 – July 2024	26

2. Subject Access Requests

The compliance rate for subject access requests is below and significant improvement has been made over the last year through support and management of the team and the implementation of the Civica system.

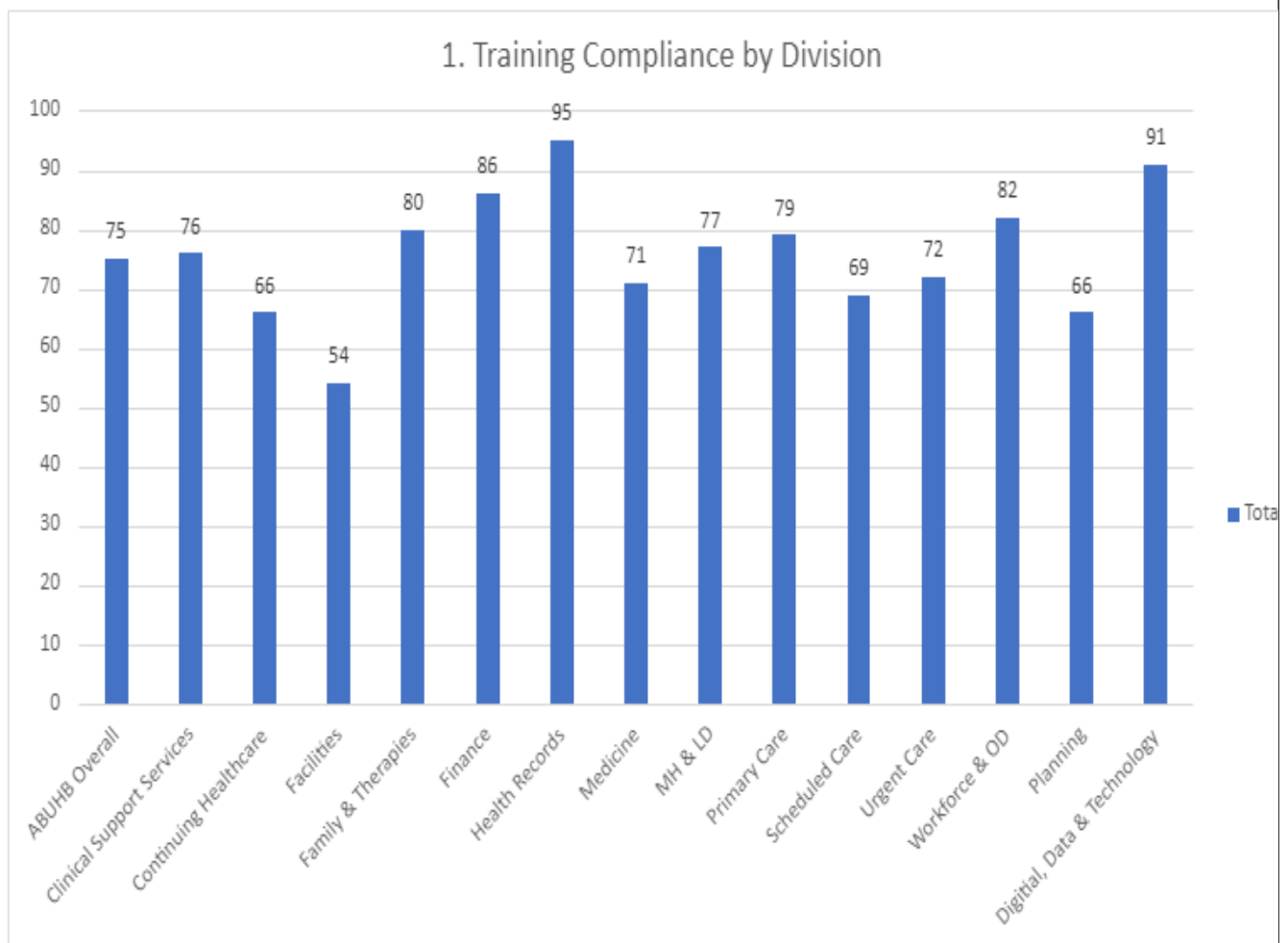


3. Training Compliance

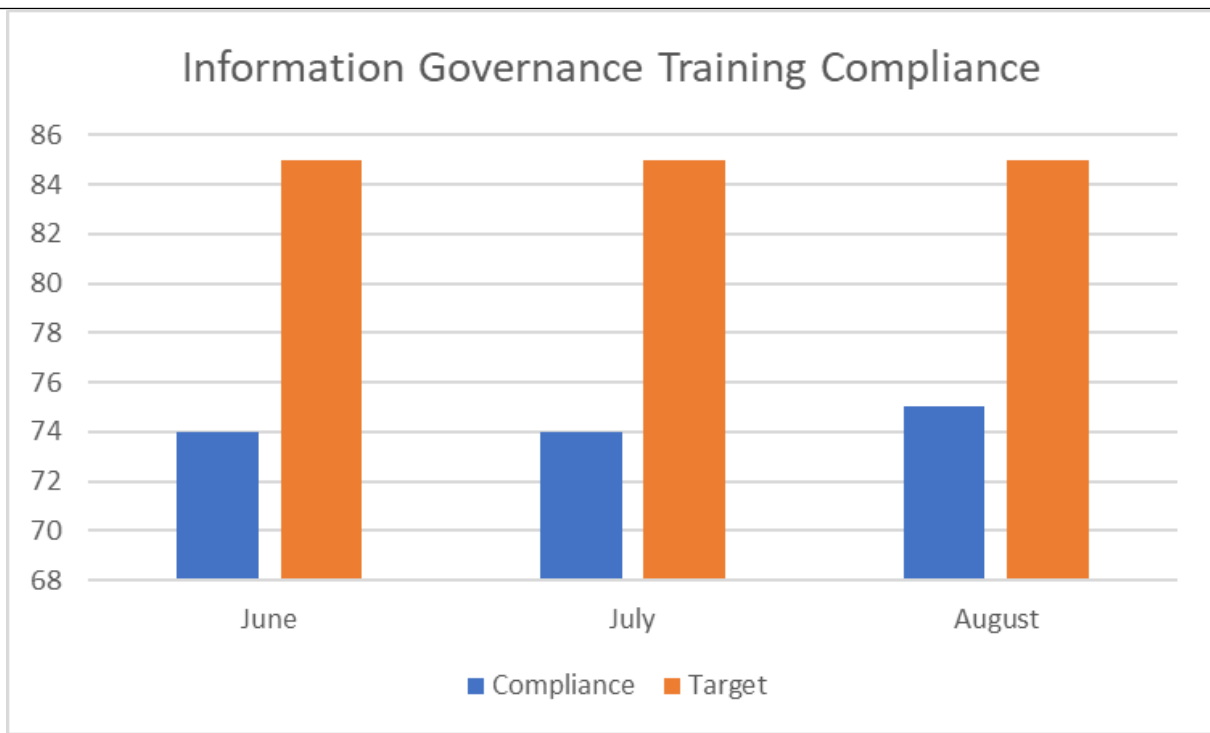
The eLearning training package is a national product containing Cyber Security, Health Records and Information Governance which is taking staff a long time to complete and as a result has affected the compliance rates of all Health Boards and Trusts across NHS Wales. Discussions are ongoing at a national basis to review content and to separate the training into individual modules - Information Governance, Cyber Security and Health records which will improve the completion rates and enable specific targeting of non-compliance areas.

The Information Governance team continue to work with divisions to ensure mandatory Information Governance and Cyber Security training is undertaken and support through specific induction and bespoke training. This involves the development of specific classroom training to support staff without access to computing facilities. Reminders are also published on the intranet with a poster to remind staff of the need to undertake their training.

The current training compliance for the Health Board and divisions is shown below with a target of 85%:



The overall Health Board compliance for the last three months is shown below with a very slight improvement:



4. Information Governance Incidents

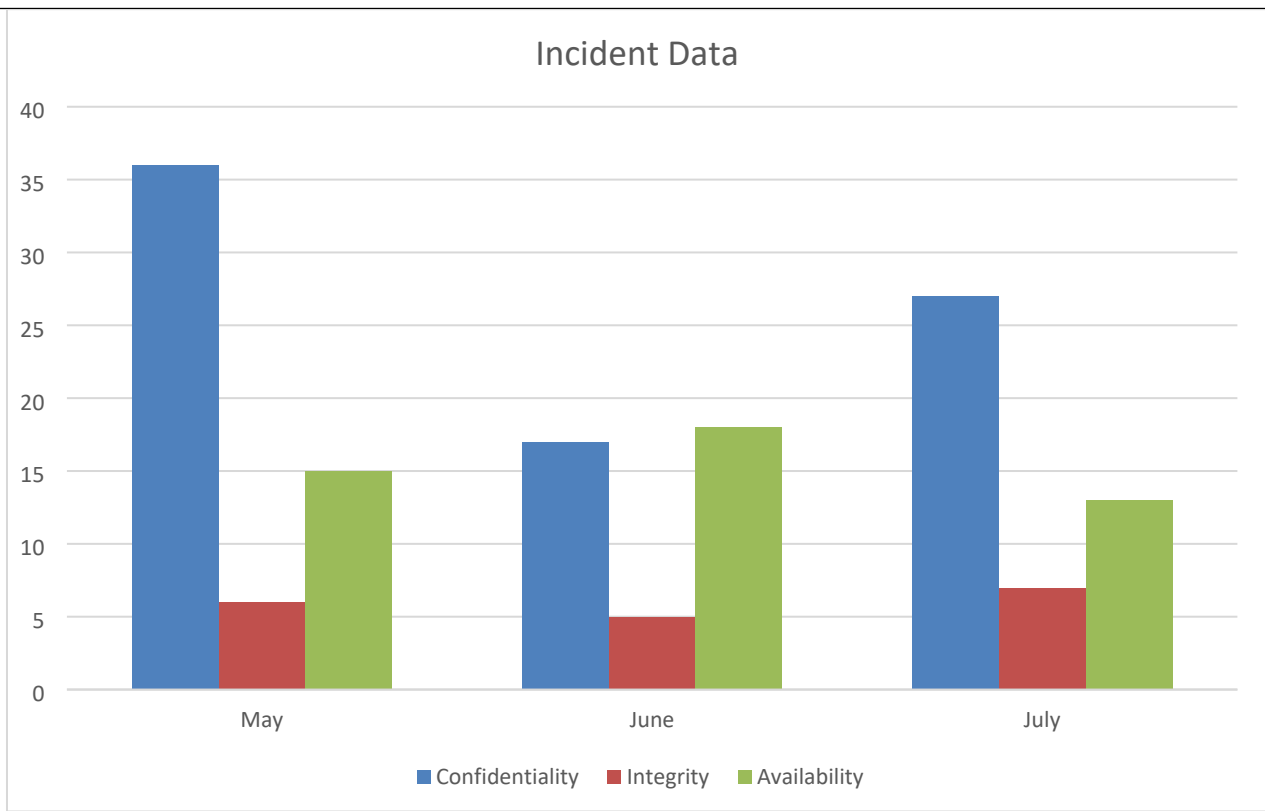
Incidents investigated by the Information Governance team have been risk assessed and all have been assigned as a low risk, the numbers of incidents investigated between May 2024 – July 2024 are shown below: -

Confidentiality – i.e. it has been made available or disclosed to unauthorised parties.

Integrity – i.e. the accuracy and completeness of information has been compromised.

Availability – i.e. the data is not accessible when required by authorised personnel.

Incident Type	Incidents Investigated	Number Reportable to Information Commissioners Officer (ICO)	Incidents Outstanding
Confidentiality	36	0	0
Integrity	17	0	0
Availability	27	0	0
Total	80	0	0



5. Cyber Security Assurance

Desktop Patching

Aneurin Bevan has over 15,000 devices across the Health Board and ensuring that these are protected against the latest cyber threats are a key component to provide assurance against the Network and Information Systems Regulation (NIS-R).

SLA	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24
30 days 95% and above								
30 days 90% and above		90.18						
30 days below 90%	86.26		86.28	87.14	88.97	85.95	87.04	

Cyber monitors compliance figures through a monthly compliance meeting held with technical team managers investigating where areas of improvement are needed.

Reporting against patching Service Level Agreements (SLA) for 2024 and previous years indicates an inability to achieve acceptable compliance levels and carries a risk to the Health Board that devices have not received the latest security updates.

The issues centres around remote workers not actively connecting their devices to our network through the Cisco AnyConnect Virtual Private Network (VPN) software. This VPN would allow their machines to receive that most up to date patches even when working remotely. Updates will be applied when the devices next connect to the network either when the member of staff attends the office, or the member of staff connects over VPN.

A solution has been developed using Microsoft Windows Updates for Business which would allow these devices to receive security updates even when not connected over VPN. The technical teams are now engaging with DHCW to attempt to progress the solution.

There is currently an Information Commissioners Audit (ICO) recommendation for improvement in endpoint patching compliance to meet SLAs.

End of Support Microsoft Operating Systems

The Health Board aims to ensure that all its devices are kept up to date and run the latest manufactures operating system. Continued use of end-of-life, unsupported operating systems introduces risk due to a lack of available security updates.

Currently, 99.97% of the Health Boards 15,200 desktop and laptop devices are running Microsoft Windows 10 and Windows 11 Operating Systems. The device breakdown is shown below:

Windows Operating System	Managed Device	Unmanaged Device
Windows 7	1 (BMS Data Centre Monitoring)	1 (PatientCall)
Windows 8.1	5 (Stanley Paging)	
Windows10	14,684	
Windows 11	510	

All obsolete managed and unmanaged devices are captured within the monthly Cyber reporting and progress tracked at compliance meetings with digital teams.

The upgrade of the remaining Windows 7 and 8.1 devices is ongoing and covered by ongoing projects to replace these devices and whilst this is progressed steps have been taken to reduce the risk to these devices such as blocking internet access while internal network access is still available.

In addition to reporting the operating system versions, the cyber team has reviewed the existing individual build versions and there is an upgrade plan in progress to address those Windows 10 versions that have become end of life (but not end of support). Currently 658 devices (4.34%) are on this release, and these will be upgraded as the rollout continues.

Currently, 90.45% of our Windows 10 estate is on a vendor-supported build, with remediation required to address the remainder devices.

3.36% of our estate has Windows 11 therefore, the overall estate is 93.81% on a vendor-supported build.

For assurance whilst an individual build may be end of life that does not mean that it is end of security support which for Windows 10 will be 14th October 2025.

Server Patching

The Health Boards managed server patching compliance is shown below:

SLA	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
30 days 95% and above	98.54	96.13	96.14	95.71		96.56	99.26
30 days 90% and above					91.73		
30 days below 90%							

The Health Boards third-party managed server patching compliance is shown below:

SLA	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
30 days 95% and above				94.23			98.00
30 days 90% and above						93.62	
30 days below 90%	83.33	71.74	73.47		79.59		

Currently, we are reporting that 99.26% of the 407 managed Servers and 98.00% of 50 third-party servers are fully patched at the end of the reporting period. The entire patching status is 99.34% of all 457 Servers. This is an increase of 3.08% from the previous reporting period.

July 2024 saw the highest level of compliance for patching recorded since the monitoring process was adopted in 2022. Improvements have arisen from third parties releasing patches within SLA to the servers they manage through enhanced governance arrangements.

Technical teams have requested that lack of compliance be raised by the Service Management Team to the affected service during quarterly service reviews and ensuring patching requirements are included in new contractual arrangements and contract reviews.

There remains a single server managed by a third-party Honeywell (Building Management Server) that requires addressing and this was raised at Service Delivery Management Board the team will meet with the service and third party to address the inconsistency of their patch management.

Server Estate Operating System & SQL Installations

The Health Board aims to ensure that all its servers are kept up to date and run the latest manufactures operating system and applications. Continued use of end-of-life, unsupported server operating systems introduces risk due to a lack of available security updates.

End of Support Microsoft Operating Systems

Currently, 95.47% of the Health Boards servers are running fully supported Microsoft Server Operating Systems. The technical teams continue to decommission servers running unsupported Windows Server 2012 operating systems.

Decommissioning Update as of the 08/08/2024:

- 230 Servers have been identified as part of the decommissioning project.
- Status of completion – 91%. 209 servers have been upgraded/decommissioned.
- There are still 21 Windows Server 2012 servers left to decommission.

The Cyber Security Team meets monthly with the project team to track the progress of the decommissioning project.

Aneurin Bevan Health Board is performing well in this key performance indicator compared to other Health Boards across Wales.

Windows 2012 R2 Install Base	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Cwm Taf	Hywel Dda	Powys	Swansea Bay
Other Server Count	443	342	113	467	548	39	551
Windows Server 2012 R2	21	260	243	314	162	54	428
Total	464	602	356	781	710	93	979
Windows 2012 R2 %	4.53%	43.19%	68.26%	40.20%	22.82%	58.06%	43.72%

*Above figures are based on 2003, 2008, 2012 and 2016 servers. At ABUHB we also have 2019 and 2022 which have been included in this table.

End of Support Microsoft SQL

Currently, 58.87% of the Health Boards Microsoft SQL database instances are running fully supported Microsoft versions.

- End of support for Microsoft SQL Server 2012 – 12th July 2022 – this affects 4 SQL instances [3.23%] from a total of 135.
- End of support for Microsoft SQL Server 2014 – 9th July 2024 – this affects 47 SQL instances [37.90%] for a total of 135.

There is a decommission plan in place to eradicate Microsoft SQL 2012.

Reporting and Monitoring

The Cyber Security team utilise several tools available in the Health Board to develop the monthly cyber security report which is provided at ***Appendix 2**.

A key component of reporting is compliance against the NIS-R as required by Welsh Government. ***Appendix 3** contains further detail.

***N.B.** Appendices 2 and 3 have been withheld from the public domain due to the commercially sensitive information they contain.

6. Divisional Risk Management

The summary of current Information Governance risks identified through divisional assurance groups are summarised below.

Division	Risk Description	Mitigations	Risk Score
Family & Therapies/Health Records	There is a risk of systems holding incorrect demographic information caused by the national master patient index updating records on Health Board systems.	SBAR drafted to request disablement of feed.	9
Digital, Data & Technology	There is a risk that incorrect patient information could be recorded on CWS caused by a member of staff using the back button in the browser whilst uploading a document.	CWS advise staff of this during training	8
Facilities	There is a risk of information being inappropriately accessed caused by patient identifiable information being left behind following moves and changes to accommodation.	Currently a working group being established a new process and IG have requested invitation. New checklist will be developed to check for PII when going through final checks with service.	6
Family & Therapies/Health Records	There is a risk of information not being managed consistently and in compliance with legislation caused by no specific policy or protocol in place to manage adoption information.	Working Party have met twice to work on new protocol.	6
Medicine	There is a risk of information not being available for	Medicine linking in with Health	4

	Subject Access Requests or to aid with patient care caused by records being incomplete due to lack of ward clerk support.	Records to be offered bank support Improvements in ward clerk provision and practices to be picked up as part of ward accreditation programme.	
Urgent Care	There is a risk of inaccurate patient records caused by poor data quality.	To be determined.	6
Complex Care	There is a risk of the Health Board not being fully compliant with subject access requests caused by patient information being saved on Microsoft SharePoint.	Complex Care currently drafting a Standard Operating Procedure to include SAR process retention	4
Mental Health	Missing documents on WCCIS There is a risk of the Health Board not being able to fully comply with subject access requests and patient records being incomplete caused by missing documents on WCCIS.	SBAR produced to collate all information; IG are currently contacting staff members provided by WCCIS team to confirm if information can be resaved on WCCIS.	9
Primary Care	There is a risk of loss of patient information and lack of compliance with subject access requests caused by patient notes being stored in patients' homes.	SBAR produced; requested SOP to be developed by service.	4
Surgery	There is a risk of patient information being unavailable to aid in patient care caused by the Laborie Urology system being end of life.	SBAR produced to collate details. All data held on system to be recovered and stored	9

		appropriately Infrastructure Architect is currently working on the automating data extraction	
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7. Clinical Coding

Clinical Coding Compliance

Clinical Coding is the process of transforming descriptions of medical diagnoses, procedures, and treatments into standardised codes, using systems such as International Classification of Diseases (ICD) 10. These codes are used for various purposes, including national and local audits, Research & Development, finance & costing, benchmarking and disease surveillance.

There are two Welsh Government targets in place which form part of the NHS Wales Delivery Framework:

1. 95% of episodes clinically coded within one reporting month post episode discharge end date
2. 90% percentage of clinical coding accuracy attained in the Digital Health & Care Wales (DHCW) national clinical coding accuracy audit programme

Issues affecting Clinical Coding targets

Documentation

- Use of handwritten procedure forms for some specialities.
- Handwritten Pre-assessment forms making it impossible to utilise for Robotic Process Automation (RPA) coding automation.
- Poor documentation on E-discharge Summaries, e.g. unclear diagnosis, abbreviations.

Staffing levels

Recruitment and retention of staff is the biggest issue facing the service for various reasons, such as higher rates being paid across the border, in private hospitals and working from home enabling staff to work for any Health Board or Trust across the UK. Currently the department is implementing the improvement plan and posts, and recruitment is under way to establish the department to deliver consistently against the national clinical coding completion and accuracy targets.

Clinical Coding Performance Quarter 1 (2024/25)

	April	May	June	Target
Completion	77.08%	77.56%	84.97%	95%
Accuracy	95.95%	96.67%	82.05%	90%

Clinical coding completion is incrementally improving as recruitment to the new clinical coding staffing structure progresses, this process is intended to be complete by the end of October 2024.

Whilst attainment of the accuracy target has been consistent, the deterioration in June is due to several erroneous codes being identified for the previous financial year, this will be corrected during the next quarter.

Argymhelliad / Recommendation

The Finance & Performance Committee is asked to note the content of the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 006
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Information Governance Sub-Committee Divisional Assurance Groups
Rhestr Termau:	CWS – Clinical Workstation

Glossary of Terms:	<p>DHCW – Digital Health & Care Wales DHR – Digital Health Record DPA – Data Protection Act DPIA – Data Protection Impact Assessment GDPR – General Data Protection Regulations ICD – International Classification of Diseases ICO – Information Commissioners Office IG – Information Governance NIS-R – Network & Information System Regulations PII – Person Identifiable Information RPA – Robotic Process Automation SAR – Subject Access Request SLA – Service Level Agreement SOP – Standard Operating Procedure VPN – Virtual Private Network WCCIS – Welsh Community Care Information System</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology team

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

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

Call	Logged	Title	Reference	Risks Identified	Risks Mitigated	Risks Outstanding
5292879	May-24	Data Protection Impact Assessment	CWS DPIA	Risk of inappropriate access. Risk of inappropriate Access to information of a higher sensitivity. Lack of business continuity processes at service level	Access is managed in line with Starters, movers and leavers processes. Access is managed in compliance with Information Systems Access Policy. Business continuity plans to be picked up as part of IG audits.	Business continuity plans
5302253	May-24	Data Protection Impact Assessment	Community Optometrists to NHS Wales Identity M365	M365 - lack of understanding Risk of inappropriate access IG Training compliance	Health Board has guidance and factsheets to advise staff using M365. Access managed in line with Starters Movers and leavers processes Access is managed in compliance with information systems access policy. Ongoing work across the HB to increase IG training compliance	IG training compliance is ongoing
5433839	Jul-24	Data Protection Impact Assessment	CareFlow DPIA Update	Risk of inappropriate access	Access is managed in line with Starters, movers and leavers processes. Access is managed in compliance with Information Systems Access Policy.	None
5458029	Jul-24	Data Protection Impact Assessment	Sprink	Risk of inappropriate access.	Access is managed in line with Starters, movers and leavers processes. Access is managed in compliance with Information Systems Access Policy.	None
5303968	May-24	Data Protection Impact Assessment	AMaT Clinical Audit	GO discussed with DPO on 29/08/2023 who advised that as GP surgeries had been made aware of changes in data processing, and otherwise the main process that staff would follow had already been agreed by IG with no risks identified, this could go ahead.		
5375052	Jun-24	DPIA - Screening Questions	DPIA between WAST and ABUHB	Risks captured in DPIA		
5375093	Jun-24	DPIA - Screening Questions	SPRINK Heart Failure Project	Risks captured in DPIA		
5435216	Jul-24	DPIA - Screening Questions	Sprink.co.uk	Risks captured in DPIA		
5434625	Jul-24	Data Protection Impact Assessment	Proof of Concept - GP Data Sharing	SBAR with SIRO		
5367087	Jun-24	DPIA - Screening Questions	Cardiology Study	Ongoing - risks not yet established		
5377395	Jun-24	DPIA - Screening Questions	AIMS - DPIA?	Ongoing - risks not yet established		
5377947	Jun-24	DPIA - Screening Questions	VBHC Data Set	Ongoing - risks not yet established		
5395673	Jun-24	DPIA - Screening Questions	Admin Control replacement	Ongoing - risks not yet established		
5395743	Jun-24	Data Protection Impact Assessment	CWS 2 Ward List	Ongoing - risks not yet established		
5442242	Jul-24	Data Protection Impact Assessment	WAST/ABUHB Data Sharing	Ongoing - risks not yet established		
5454654	Jul-24	Data Protection Impact Assessment	DPIA Omnicell - Pharmacy	Ongoing - risks not yet established		
5454699	Jul-24	DPIA - Screening Questions	Parental Consent - Torfaen LA	Ongoing - risks not yet established		
5456471	Jul-24	Data Protection Impact Assessment	Intelligent Lifecycle Solutions	Ongoing - risks not yet established		
5456504	Jul-24	DPIA - Screening Questions	Gov.Uk/Notify SMS Messages	Ongoing - risks not yet established		
5456944	Jul-24	Data Protection Impact Assessment	DPIA - Dental Epidemiological Programme	Ongoing - risks not yet established		
5336802	May-24	Data Protection Impact Assessment	Pharmacy Robot DPIA	No requirement for full DPIA		
5303921	May-24	DPIA - Screening Questions	Wide Local Excision Audit: Tag versus Wire	No requirement for full DPIA		
5364900	Jun-24	DPIA - Screening Questions	RGH - Pharmacy Robot	No Risks Identified		
5387077	Jun-24	DPIA - Screening Questions	RPA	Closed - no PII processed no risks identified		
5420717	Jul-24	Data Protection Impact Assessment	Connecting Care (Replacing WCCIS)	Project still being evaluated with DHCW		
5312658	May-24	Data Protection Impact Assessment	DPIA BiAnnual Review - Gwent Connect 5	Ongoing - review to establish if any changes have been made to DPIA		



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital, Data and Technology Group Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway – Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway – Director of Digital

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This performance report provides an analysis of the digital operational performance and progress update of delivery of the digital operational plan within the Health Board for the period April – June 2024.

Cefndir / Background

The Health Board has consistently sought to enhance its services through digital transformation, aiming to improve patient outcomes, streamline operations, and optimize resource allocation. In this context, digital performance plays a critical role, encompassing a broad range of metrics including system reliability, user engagement, service accessibility, data quality and the effectiveness of digital tools in clinical and administrative processes.

Asesiad / Assessment

1. Digital Programmes

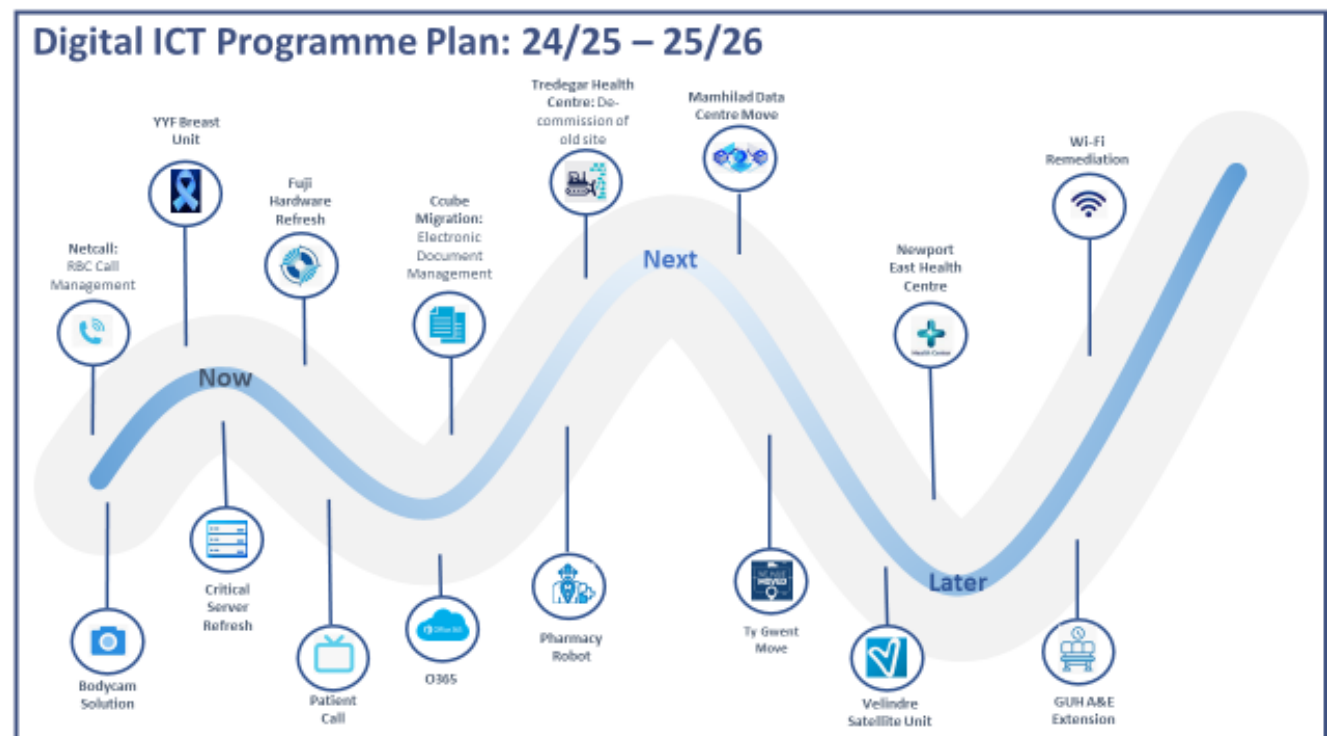
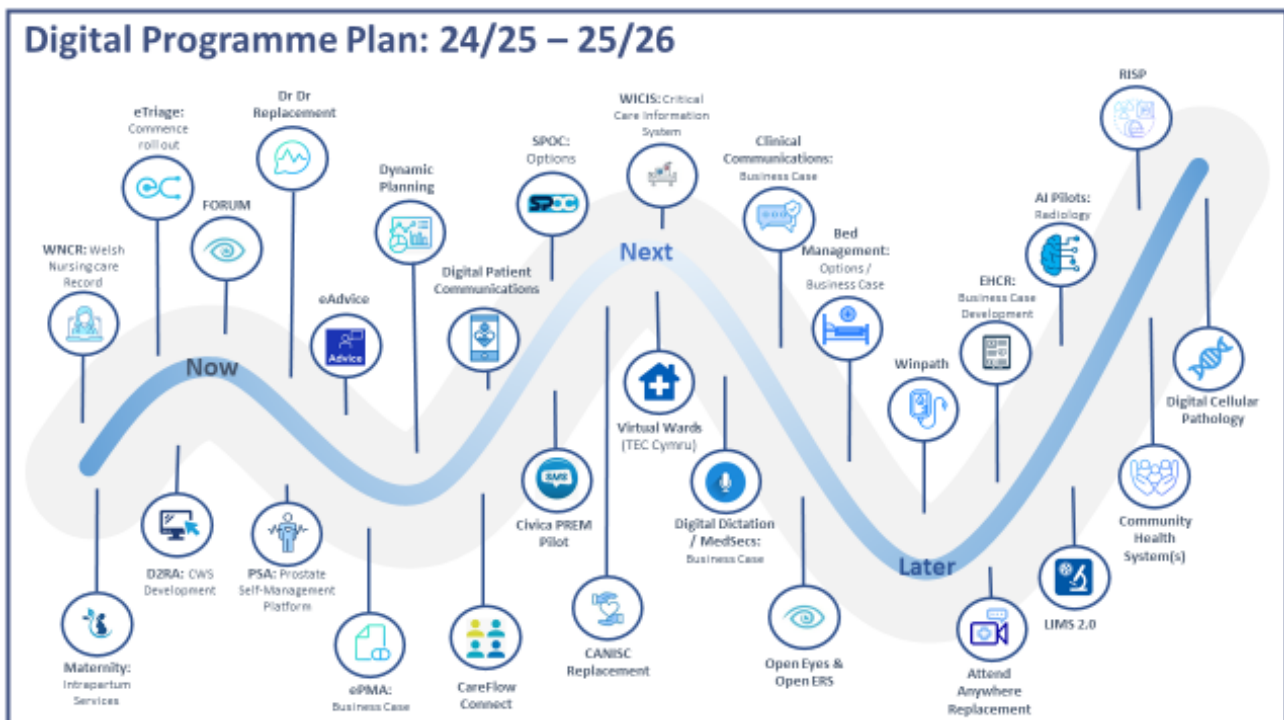
Digital Programmes Update

The Digital Data and Technology (DDaT) Directorate manages a number of Digital Transformation and ICT Programmes, linked to the Health Boards Digital Annual Operational Plan, which sets out both the expected Health Board aligned

deliverables as well as the strategic initiatives necessary to ensure our digital services can maintain safe, secure, reliable, and compliant services and meet the growing demand for digital transformation.

The Digital Programmes team oversee the delivery of new projects creating new digital functionality where perhaps only manual processes existed before, enhancing existing digital services or upgrading our digital infrastructure to ensure it is fit for purpose. Programmes and projects are sponsored either nationally, regionally, or locally.

The current portfolio of programmes and projects is set out below:



An update on progress can be found below for Quarter 1 2024/25:

Digital Programme Plan: 24/25 – 25/26: Quarter 1 24/25 Update

Project	Quarter 1 Update
WNCR	The Welsh Nursing Care Record has been successfully rolled out to 85% of adult inpatients wards across the HB
Maternity	Badgernet system live across HB maternity services allowing patients access to their maternity record. Integration development continues.
eTriage	eTriage has been successfully implemented across RGH, NHH & GUH
D2RA	D2RA development completed in CWS2 – performance enhancements underway
FORUM	FORUM implemented digitising access to eye care images & scans
Dr Dr Replacement	Replacement of Dr Dr text messaging service & hybrid mail with Envoy system supplied by HealthCare Communications – Phase 2 scoping underway
My MR	Prostate Self-Management Platform has gone live in RGH urology services allowing patients to remotely monitor their prostate condition
eAdvice	Project commenced to enable clinicians to respond to primary care referrals/ queries electronically
ePMA	Electronic Prescribing and Administration Management procurement complete and full business case awaiting sign off

Digital ICT Programme Plan: Quarter 1 24/25 Update

Project	Quarter 1 Update
Netcall	Netcall live - Implementation of Chatbot functionality to commence
BodyCam	The Bodycam solution is live, project due to close
YF Breast Unit	Building open, ongoing work to install additional access points then project to close
Critical Server Refresh	87% percent complete, 25 servers still requiring upgrades
Fuji Refresh	Refresh complete – de-commissioning of old equipment underway
Patient Call	All planning is complete, integration testing complete, final testing being undertaken for go live by the end of Q2
O365	Booking solution for Health Visiting, solution to manage re-arranging theatre slots, desk booking app, MS list for step downs in A&E, training
Ccube	Servers built; data migration commenced

A more detailed update for each digital programme of work can be found at **Appendix 1**.

Benefits management and realisation:

The Digital Portfolio has developed a robust benefits management framework and toolkit which is used to track progress against the delivery of benefits aligned to major programmes of work. Benefits owners from the clinical and operational services are assigned and benefit reviews are held at six monthly intervals following project closure to ensure benefits continue to be monitored and reported on.

Benefits realised to date in 2024/25 include:

My Medical Record has been successfully implemented in Urology services providing a self-care and improved communication solution for patients living with prostate cancer:

- Waiting time for test results reduced from 17 days to 48 hours
- 80% of surveyed patients reported improved communications with healthcare team
- 10% improvement in patients having PSA bloods taken prior to appointments due to digital reminders
- 97% of patients surveyed felt more empowered to manage their condition through educational resources available in the app

The deployment of the Healthcare Communications solution for appointment reminders and managed printing has so far achieved £197k of cost savings for the Health Board.

The implementation of eTriage has enabled faster triage of patients and improved signposting for patients who present in the Emergency Department. From patients surveyed, there has been a 63% decrease in time patients spend queuing in the department and a 37% decrease in patients reporting that the waiting room was overcrowded.

2. Health Records Service

The Health Records department play a pivotal role in the functioning of the Health Board, underpinning clinical care, administrative processes, and strategic decision-making. The department serves as a comprehensive and accurate repository of patient information, essential for delivering high-quality healthcare services. The following outlines the key quarter 1 activities the health records department.

Health Records Service – DHR Performance Indicators - Apr – Jun 2024	
Digital Health Record Performance	<ul style="list-style-type: none">• A total of 589,183 patients now has a digitised record• An increase of 12,643 for the period April – June 2024• 98% of all admitted patients now have a digital record• 25,486 folders scanned from the library• Maintaining 48-hour turnaround target for inpatient supplementary prep
Action Plan	Review the delays in records being returned for scanning as sent to Clinical Coding in the first instance but workload pressures in the Coding service do not allow for immediate turnaround of the supplementary files.
Casenote Destruction	<ul style="list-style-type: none">• 61,599 records reviewed for eligibility for destruction during April – June 2024• 38,962 records destroyed• Destruction rate 58.72%

3. Digital Operations Update

Digital operations encompass the core infrastructure and systems that support daily healthcare activities. This section evaluates the performance, reliability, and efficiency of our digital infrastructure, including hardware, networks, and software systems. We analyse key metrics such as system uptime, incident response times, and overall system stability to ensure our digital backbone supports uninterrupted healthcare delivery and operational effectiveness.

A detailed report can be found at **Appendix 2** along with highlights:

Service Level Agreement (SLA) Compliance

Average SLA compliance against incident resolution times (measured against NHS Wales Service Level Targets) have shown a steady increase over the quarter with the vast majority of services remaining 'green'.

	April	May	June
SLA Compliance (%)	89.21	92.96	95.98

There were numerous issues around The Adastra (GP Out of Hours) Service through the period due to the method of access used for this application that have now been resolved.

The Vocera service also experienced an overall drop in SLA and digital are continuing to work on a Service Improvement Plan with the supplier.

Customer Experience

The Service Desk regularly survey users to gain their feedback following resolution of their issue. Periodic surveys flesh out individual responses to gain an overall perception of how our services are received. Any negative feedback is logged, and a follow up action taken to see where we can improve:

	April	May	June
Customer Experience Score (%)	100.00	97.29	96.87

Serious Incidents

Serious Incidents are defined as high priority (Priority 1 / Priority 2) incidents that have an impact on delivery of an operational service. These are dealt with by our Incident Management team on a 24/7 basis to ensure swift resolution. Through quarter 1 there were a total of 32 such incidents - 24 local, 2 national and 6 related to third parties.

Most local issues were related to provision of National Data Resource (NDR) and Clinical Workstation (CWS), the root cause was determined to be conflicts between the upgrade of the Welsh Patient Administration System (WPAS) infrastructure and the roll out of D2RA under CWS2.

	Calls Received	Dealt with at 1st Line	Answered within 1 min	Resolved within Target
Service Desk Performance	12,811	93.17%	94.72%	99.26

Service Desk Institute External Audit

In quarter 1 our Service Desk and all associated technical teams were audited by the Service Desk Institute for compliance against industry best practice standards. Of the 9 standards measured improvement was noted in 5, improving our overall score and maintaining our 3-star customer led rating.

Argymhelliad / Recommendation

The Finance and performance committee is asked to **NOTE** the progress made to date.

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	SRR 006
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 4.2 Patient Information 6.2 Peoples Rights 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
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:	AI – Artificial Intelligence CWS – Clinical Workstation D2RA – Discharge to Recover and Assess DDaT – Digital Data and Technology EHCR – Electronic Health and Care Record ePMA –Electronic Prescribing and Medicines Administration GUH – Grange University Hospital ICT – Information & Communications Technology LIMS – Laboratory Information Management System MyMr – My Medical Record NDR – National Data Resource PSA – Prostate Specific Antigen RISP – Radiology Information System Procurement RPA – Robotic Process Automation SLA – Service Level Agreement SPOC – Single Point of Contact WICIS – Welsh Intensive Care Information System WNCR – Welsh Nursing Care Record YAB – Ysbyty Aneurin Bevan YYF – Ysbyty Ystrad Fawr
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital Portfolio Progress Group

Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Resource Assessment:	Not Applicable
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	N/A
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	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

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

Digital Programmes – Q1 24/25 Update


1. Acute Programme

Programme: Acute		RAG: ●
Progress Update:		
Project	Key Milestones	Activities for next Period
Eye Care	Open Eyes – ongoing testing of vn7, working through national pre-requisites in order to implement CAV version Forum - ongoing data transfer	Open Eyes – Novation of contract to DHCW Forum – service transition & demographic feed
WICIS	National independent review ongoing – AB visits End of Aug	Outcome of review
Maternity	Development of ATD feed	A19 solution, service transition & project closure
eTriage	Live - Service acceptance	Fix carriage return issue & project closure
G2	Options appraisal under development	Decision on way forward to replace G2
Dynamic Planning	Project documentation completed for review	1st project board 12th Aug
Eadvise	Scoping; engaged with OTP, demo of WPRS, visit to HR's	SOLO / SOLD & PID


2. Digital Ward Programme:


Programme: Digital Ward		RAG: ●
Progress Update:		
Project	Key Milestones	Activities for next Period
Careflow Connect	Agreed trial on Frailty Ward at YYF Engagement with pain & ICU – process mapping	Further engagement with stroke wards at YYF Develop plan – waiting on roadmap from System C
Clinical Comms	Ongoing work on ITT (release by 13th Sept) <u>Vocera SIP</u> Clinical & technical assessments ongoing	Finalise ITT for release 13th Sept Stanley bleeps & Vocera post Sep 2025 – options <u>Vocera</u> Complete clinical & technical assessments
WNCR	Adults: YAB and County implementations complete Implementation reviews ongoing Paeds: risk assessment standardisation work ongoing	Adults: compete implementation (NRRC, Chepstow & Monmouth) Aug / Sep & service transition Paeds: plan for beyond March 2025

3. Digital Patient Programme:


Programme: Digital Patient		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
Digital Patient Comms	Residual P1 work & issue resolutions / WPAS review and rationalisation / Scoping of P2 / Engagement sessions with RBC and PODS	Ongoing scope for phase 2 including impact on timeline due to resource issues & pace of delivery
Video Consultation	Contract extension of Attend Anywhere to March 2025 / Local options appraisal	Agree preference for replacement solution / Procurement of local HB replacement / Transition of service delivery from TEC Cymru
Virtual Ward	On hold in ABUHB pending exec paper in Aug 2024 to overcome issues in engagement and planning between TEC Cymru, ABUHB services and 6 goals programme	On hold in ABUHB pending exec paper in Aug 2024 to overcome issues in engagement and planning between TEC Cymru, ABUHB services and 6 goals programme
Gynae SIP	Process mapping completed across scope of services / stakeholder engagement underway with RBC and Gynae	Stakeholder engagement
SPOC	Commenced options appraisal / Process mapping / benchmarking with other HB's / Stakeholder engagement commenced	Options appraisal for exec committee / ongoing stakeholder engagement / ongoing scope and definition

4. ICT Programme:


Programme: ICT		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
Ty Gwent	OCP commenced Technical meetings set up and progressing Work with other services ongoing	Agreements on requested changes & visitors Conclusion of OCP Continue to work through the plan
Server Refresh	87% complete	Slow progress due to complexity / funding
Wi-Fi Remediation	Technical assessment for Vocera devices completed	Plans to set up interim SSID in progress to allow migration
Mam DC Move	YAB ABUHB VRF successfully installed New YAB WPAS Database server live however webservice issue under investigation	Further attempt to upgrade GUH ABUHB VRF scheduled for 08/08/2024 following issue arising on first attempt - successful
BodyCam	Service acceptance completed	Project closure
Patient Call	Working on WPAS message issue – now resolved	Final testing & go live (within next month)
Fuji Hardware	Complete	De-commissioning of old equipment
Pharmacy Robot	PID approved Floor plans for building submitted for approval	Sign off technical requirements Implementation (technical) – August
Ccube	Project plan complete Database copy underway	Demo's and testing
Ormis	Project closed	
Netcall	Unable to use Chatbot, load balancer issue resolved	Service transition & project closure

Programme: ICT (Capital Estates)		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
Velindre	ICT changes agreed, site survey for PSBA route - go live early 2025	Ongoing planning activities / designs
Tredegar	New site is open	Demolish old site & install car park barrier
Newport East	OpenReach free issue internal fibre delivered & schedule of works agreed – go live early 2025	Agreement on who will pick up revenue costs Ongoing planning & design activities
YYF BU	Vocera live Quotes received for additional cabling for missing AP's	Waiting on Capital - installation of missing AP's if agreed to proceed
GUH A&E	Building works progressing Core switch port secured	Ongoing planning / design activities - go live May 25
Mon & Aber Valley	NEW – project initiation	


5. Clinical Support Services Programme:

Programme: Clinical Support Services		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
LIMS 2.0	InterSystems are continuing with build and config UAT test plans have been agreed for all disciplines	Tester training (end of August) - testing starts Sept. Agree encryption options. Pathology resource funding escalation.
Winpath	Data migration completed & DPIA approved	Integration complete; testing & validation
RISP	Resource costs re-profiled 25/26 Technical meetings set up	Agree local plan, approval of national plan & CCN to change go live date
Canisc	Use of Canisc extended to 31/03/25 WPAS upgrade complete Prep work – Palliative Care and Screening & Colposcopy	Dependencies; WCRS & WCP upgrades Tweak reporting dashboards & Pall Care and Screening & Colposcopy reporting
Dig CellPath	Business case reviewed – feedback sent to NHS Exec	Review feedback / exec paper


6. Hospital Electronic Prescribing and Medicines Administration Programme (HePMA):

Programme: HePMA		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
HePMA	FBC went to exec team timeout, support from team to move to next stage Further adjustments to FBC following feedback Funding proposal submitted to WG	Closed board 17th September Public board 25th September – for approval

7. Digital Community Programme:

Programme: Digital Community		RAG: 
Progress Update:		
Project	Key Milestones	Activities for next Period
MH&LD & Community Health Projects	National requirements work ongoing with delays / National procurement process unclear / No documented national programme or project plan / National business case under revision following HB feedback / Review of EoL technology risks ongoing / Service engagement on requirements and supplier demonstrations	Establish mandate / Establish governance / Outline Business Case / Establish programme and project boards / Establish clinical steering group / Engage with national procurement / Benefits planning / Business change handover
Technical Delivery	Support national business case for Shared Care Record and data migration / Local EoL risk management / ePex legacy viewer & security issue	Consideration and preparation of alternative for local data migration / Engage with DHCW on Shared Care Record Business Case / Scope and define disaggregation of services and data / Establish project and workstreams
Service Improvement	Continued work on RPA solutions for eReferrals / Scoping for release 2.20 / Resolution plan for all outstanding CCN and defects / Business change plan delivered	Scoping for release 2.21 / RPA for GP eReferrals / Establish change authority / V5 MHA form / Transition to BaU / Project Closure

8. M365 Transformation:

Programme: M365 Transformation		RAG: 
Progress Update:		
Key Activities	Activities for next Period	
<ul style="list-style-type: none"> Flows for Standard of Business conduct (Corporate Safeguarding), user guide. Process flows and documentation required. Design meetings with requests to gain user acceptance of developments Adoption of process for NDSR M365 triage Adoption of process for HALO call to tasks for inclusion in NDSR M365 Tracker and workload planner Workshop to review the role of the M365 team 	<ul style="list-style-type: none"> Continued work on creating a room and desk booking application for TY Gwent Creation of a Power automate flow for data logging Assisting staff with OneDrive data recovery Exploring creation of a booking system to manage virtual sessions in MHLD Creating a sign in sign out system for F&T Childrens centre Creating a power app for WPAS training Creating a list from a form to manage staff training compliance with maternity services Researching SMS messaging costs in Teams Creating user stories for past innovation and those in Production Benefits measures and target expectations for all requesters 	

Operational Services

Tickets logged per month showing Mean Time to Resolve and SLA Compliance – i.e. tickets resolved within agreed timeframe

Notes

- Aداstra (GP Out of Hours) – Experiencing multiple issues with printing – Desktop Services have resolved the underlying issue and service level is returning to normal
- HBIE – Subject to ongoing development
- Vocera – Working with supplier on agreed service improvement plan

Service	April			May			June		
	Tickets	MTR (H)	Resolved	Tickets	MTR (H)	Resolved	Tickets	MTR (H)	Resolved %
Adastra	10	7.61	90	6	253.87	66.67	7	0.86	100
Attend Anywhere (Secondary Care)	5	8.8	100	45	3.15	97.78	2	0.09	100
Badgernet	225	15.65	94.67	216	12.11	93.98	153	21.05	86.27
CareFlow	213	10.17	98.12	187	8.45	97.86	215	7.69	97.67
CWS (Clinical Workstation)	1232	9.39	99.11	1066	12.31	98.12	1036	10.42	98.46
CYPriS (Children and Young Persons Integrated System)	18	7.91	94.44	21	14.17	95.24	3	5.52	100
D2RA (CWS2)	17	26.33	76.47	16	11.88	87.5	20	33.08	95
Enlighten Patient Call	9	80.15	55.56	4	20.03	100	2	14.51	100
ePEX	15	4.44	100	7	6.81	100	6	3.4	100
G2 Digital Dictation	113	12.87	96.46	90	14.23	96.67	73	2.53	100
Health Board Integration Engine	9	343.39	33.33	8	108.21	50	6	127.96	33.33
Imprivata Single Sign On	6	1.03	100	1	7.83	100	6	166.28	83.33
Lilie	3	0.08	100	1	1.27	100	3	77.83	66.67
Med Secs Application	116	11.76	97.41	126	10.96	96.03	112	16.1	97.32
Microsoft 365	629	24.87	92.53	651	20.67	95.85	635	9.13	96.85
My Medical Record (MyMR)	9	278.63	44.44	4	107.44	100	11	310.25	90.91
Ophthalmic Imaging	7	9.69	100	3	1.02	100	6	28.16	83.33
Ophthalmic Photography Zeiss FORUM	2	6.83	100	3	37.19	66.67	1	1,393.95	100
ORMIS	49	42.2	93.88	46	9.07	89.13	11	0.68	100
R4 Dental	2	65.97	50	1	0.27	100	2	10.47	100
RADIS	4	251.96	50	3	0	100	2	69.57	100
RPA Agency Nurse Access	17	3.24	100	5	4.12	100	5	1.83	100
RPA Agency Nurse Accounts	2	465.55	100	2	6.92	100	1	100.86	100
RPA Blue Prism Cloud	22	46.31	90.91	17	25.19	88.24	21	54.62	95.24
Symphony A&E	17	49.65	82.35	14	18.58	92.86	18	13.28	100
Vocera	26	1.98	80	24	125.16	75	20	376.89	40
WCCIS	400	23.81	96.75	402	21.54	95.52	469	30.54	96.8
Welsh Clinical Portal (Operational)	354	1.58	100	193	1.44	100	124	3.67	97.18
Welsh Community Care Information System (WCCIS)	124	22.26	96.77	209	7.81	97.61	102	135.39	97.06
Welsh Demographic Service	29	2.88	100	30	3.25	100	20	1.15	100
Welsh Nursing Care Record (Hospital)	110	17.63	98.18	82	65.4	93.9	121	24.5	97.52
Welsh Patient Administration System (WPAS)	926	17.21	98.49	804	9.9	98.63	521	15.72	97.7
WNCR	143	7.03	97.2	155	4.86	99.35	212	8.31	98.11

DDAT Internal (Enabling) Services

Tickets logged per month showing Mean Time to Resolve and SLA Compliance – i.e. tickets resolved within agreed timeframe

Notes

- Tickets represent both incidents and service requests some of which are subject to lead times outside of agreed SLA – No ongoing areas of concern

Service	April			May			June		
	Tickets	MTR (H)	Resolved	Tickets	MTR (H)	Resolved	Tickets	MTR (H)	Resolved %
ABUHB Network Services	136	223	61.03	85	64.53	84.71	132	77.2	77.27
Application Support	46	27.24	97.83	44	6.92	95.45	39	14.72	92.31
Authentication Services	307	14.49	97.39	347	6.68	98.56	267	6.32	99.25
Business Systems Services	42	173.82	76.19	40	79.25	82.5	36	17.94	97.22
Citrix Services	15	101.42	86.67	23	0	100	11	52.66	72.73
Configuration Management	8	200.24	62.5	12	16.94	83.33	48	53.61	87.5
Cyber Security	32	160.52	53.57	19	21.52	93.75	27	96.69	86.96
Data Centre Services	21	558.44	71.43	21	260.56	76.19	8	309.4	87.5
Desktop Infrastructure	16	206.49	81.25	15	4.15	93.33	4	0.32	100
Desktop Services	515	16.54	93.2	383	30.11	88.25	355	22.54	90.42
E-Mail	315	11.21	97.78	293	8.56	96.93	231	21.87	96.54
Informatics Business Unit	12	55.63	75	17	43.99	64.71	11	66.96	81.82
Information Governance Services	14	174.92	50	11	51.15	63.64	14	136.71	64.29
Information Services	77	17.52	93.51	186	10.97	97.31	192	9.83	98.44
Mobile Device Services	170	55.39	84.44	170	27.53	84.09	163	30.55	84.71
Nadex Account	55	2.96	100	45	1.78	100	53	10.84	98.11
Network	29	23.64	86.21	30	44.51	73.33	34	28.29	88.24
Network Services	27	35.71	92.59	20	11.58	90	9	22.93	88.89
Other Hardware	74	19.97	89.19	54	57.27	75.93	40	36.9	82.5
Print Services	195	11.48	96.92	102	4.61	98.04	138	7.19	97.1
Service Desk	914	3.21	99.02	768	2.22	99.22	546	0.89	99.63
Software Support	17	1.01	100	11	1.29	100	19	4.5	100
Telephones	52	4.05	100	45	12.91	93.33	50	11.53	96
Voice Service	103	74.69	89.32	102	31.86	93.14	62	61.9	93.55
VPN Account	84	24.96	98.81	56	8.05	98.21	47	5.13	97.87
Web Filtering	8	166.27	75	4	24.3	100	2	10.64	100

Ticket Categories

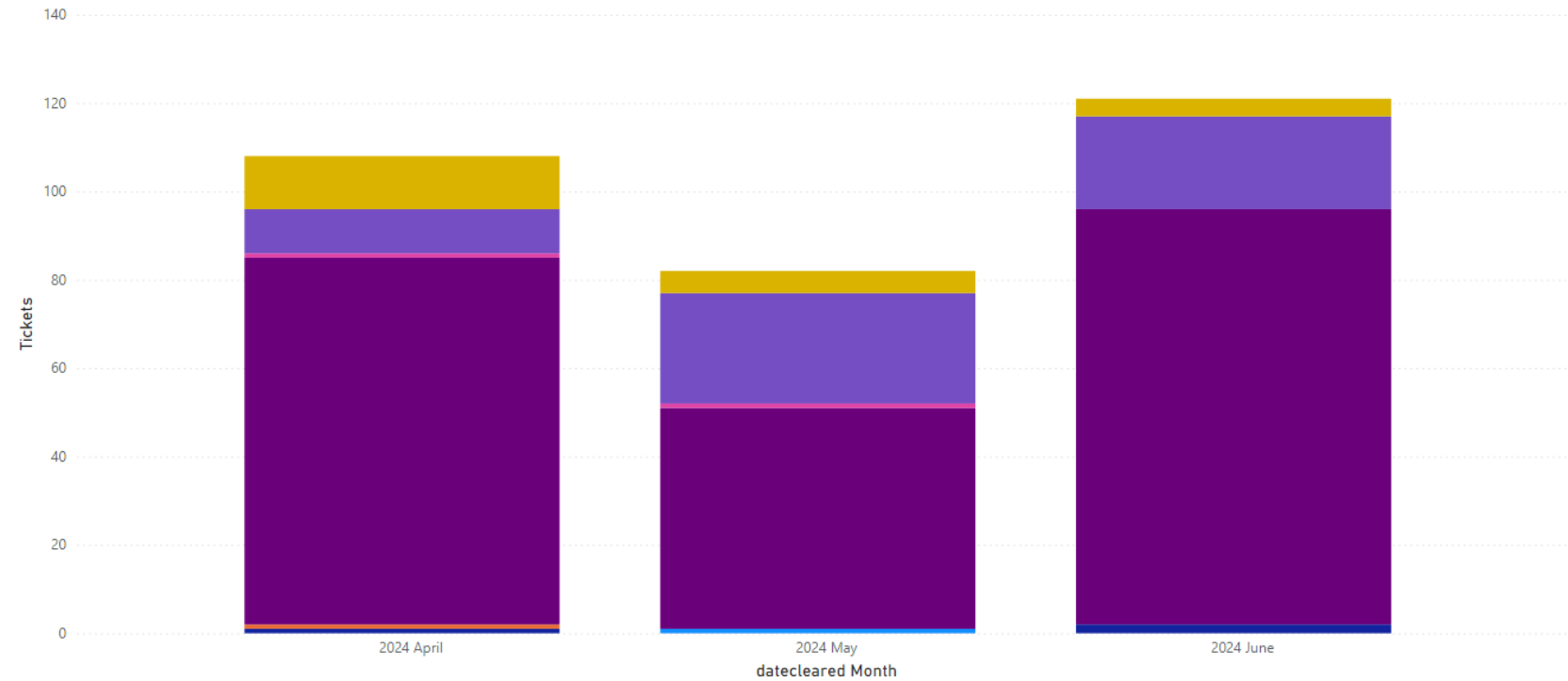
Split of Incoming Tickets by Service Category

Notes

- Majority of tickets logged for support of clinical applications

Categories

Category ● Authentication Services ● Business Applications ● Clinical Application ● Desktop Services ● Hardware ● Service Desk



Serious Incidents

- 32 Serious Incidents during Q1
- 24 local, 2 national issues and 6 related to 3rd party services
- Post Incident Reviews undertaken for each incident and corrective action plan implemented where possible

Problem Ref	Description	Scope	Incident Start Date	ABUHB Services Impacted
101147	PIR Number of DHCW Hosted Services Down 101147.docx	National	26/06/2024 16:03	Welsh Clinical Portal; Welsh Demographic Service; LIMS
99961	PIR Network saturation on the MAM link causing slowness across multiple systems 99961.docx	Local	20/06/2024 09:07	ABUHB Network Services
98362	PIR NetworkPhones Down at Cwmbran Clinic 98362.docx	Local	18/06/2024 08:59	ABUHB Network Services; Telephony
97924	PIR Careflow ATDs Down 97924.docx	Local	17/06/2024 08:17	CareFlow
98108	PIR Core Network Outage Causing Multiple Service Issues 98108.docx	Local	16/06/2024 07:35	CareFlow; MindRay; Haemonetics; NuGenesis Flow Centre; Telephony
97057	PIR Modules not loading with BadgerNet 97057.docx	Third Party	12/06/2024 16:54	BadgerNet Maternity
83499	PIR D2RA No pipeline outcomes in SQL 83499 (96660).docx	Local	12/06/2024 08:21	ABUHB National Data Resource (NDR)
83499	PIR D2RA No Pipeline Output 83499 (95019).docx	Local	06/06/2024 09:31	ABUHB National Data Resource (NDR)
96930	PIR Radiology Synapse Issues 96930.docx	Local	05/06/2024 20:41	Fuji PACS
83499	PIR D2RA No pipeline outcomes 83499 (94550).docx	Local	05/06/2024 08:16	ABUHB National Data Resource (NDR)
83499	PIR D2RA CWS2 is Unavailable 83499 (93003).docx	Local	30/05/2024 10:45	ABUHB National Data Resource (NDR)
91532	PIR VPN and Network is Running Slow For Some Users 91532.docx	Third Party	23/05/2024 09:41	Authentication Services; Network Services
90769	PIR Badgernet is unavailable for some users 90769.docx	Third Party	21/05/2024 12:57	BadgerNet Maternity
83499	PIR D2RA CWS2 is Unavailable 83499 (90493).docx	Local	21/05/2024 08:30	ABUHB National Data Resource (NDR)
90030	PIR DAWN Blood System is Unavailable 90030.docx	Local	20/05/2024 09:02	Dawn
83499	PIR D2RA (CWS2) is unavailable 83499 (89247).docx	Local	16/05/2024 09:03	ABUHB National Data Resource (NDR)
88447	PIR Unable to Register New Patients in WPAS 88447.docx	Local	13/05/2024 18:18	Welsh Patient Administration System (WPAS)
87572	PIR Careflow Connect (Mobile App) is Unavailable 87572.docx	Third Party	08/05/2024 15:28	28;#CareFlow
83499	PIR D2RA (CWS2) is unavailable 83499 (86815).docx	Local	07/05/2024 17:13	ABUHB National Data Resource (NDR)
86360	PIR WCCIS is unavailable 86360.docx	Third Party	07/05/2024 09:56	WCCIS
85646	PIR CWS is intermittently unvavailable 85646.docx	Local	02/05/2024 14:29	CWS (Clinical Workstation)
85313	PIR Clytha Clinic Network and Phones Are Down 85313.docx	Local	02/05/2024 08:24	ABUHB Network Services
85257	PIR ORMIS is unavailable 85257.docx	Third Party	01/05/2024 16:01	ORMIS
79554	PIR CWS Slowness Followed by Becoming Inaccessible 79554 (81700).docx	Local	23/04/2024 09:34	CWS (Clinical Workstation)
79554	PIR CWS is currently inaccessible 79554 (81285).docx	Local	22/04/2024 11:17	CWS (Clinical Workstation)
91289	PIR CWS Slow Performance 91289.docx	Local	18/04/2024 06:23	CWS (Clinical Workstation)
91285	PIR WNCR Has Slow Performance 91285.docx	National	10/04/2024 12:00	Welsh Nursing Care Record
78737	PIR CWS Radiology images down 78737.docx	Local	12/04/2024 13:32	93;#Radiology Services
82639	PIR Network Switch Connecting Blood Fridge in Theatres is Down 82639.docx	Local	24/04/2024 11:34	ABUHB Network Services; Haematology - Blood Bags
81369	PIR Network And Phones Are Down At Ebbw Vale Health Centre 81369.docx	Local	22/04/2024 10:07	ABUHB Network Services; Voice Service
79554	PIR CWS Performance Issues 79554.docx	Local	16/04/2024 09:54	CWS (Clinical Workstation)
76745	PIR Critical GPOOH Telephone Line Down 76745.docx	Local	06/04/2024 12:03	Voice Service

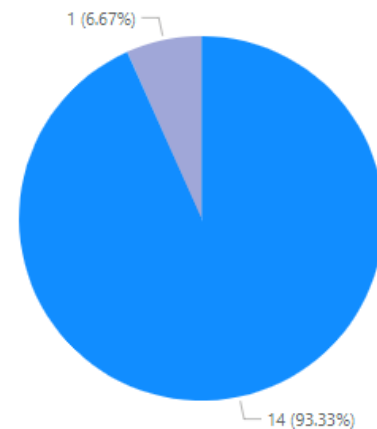
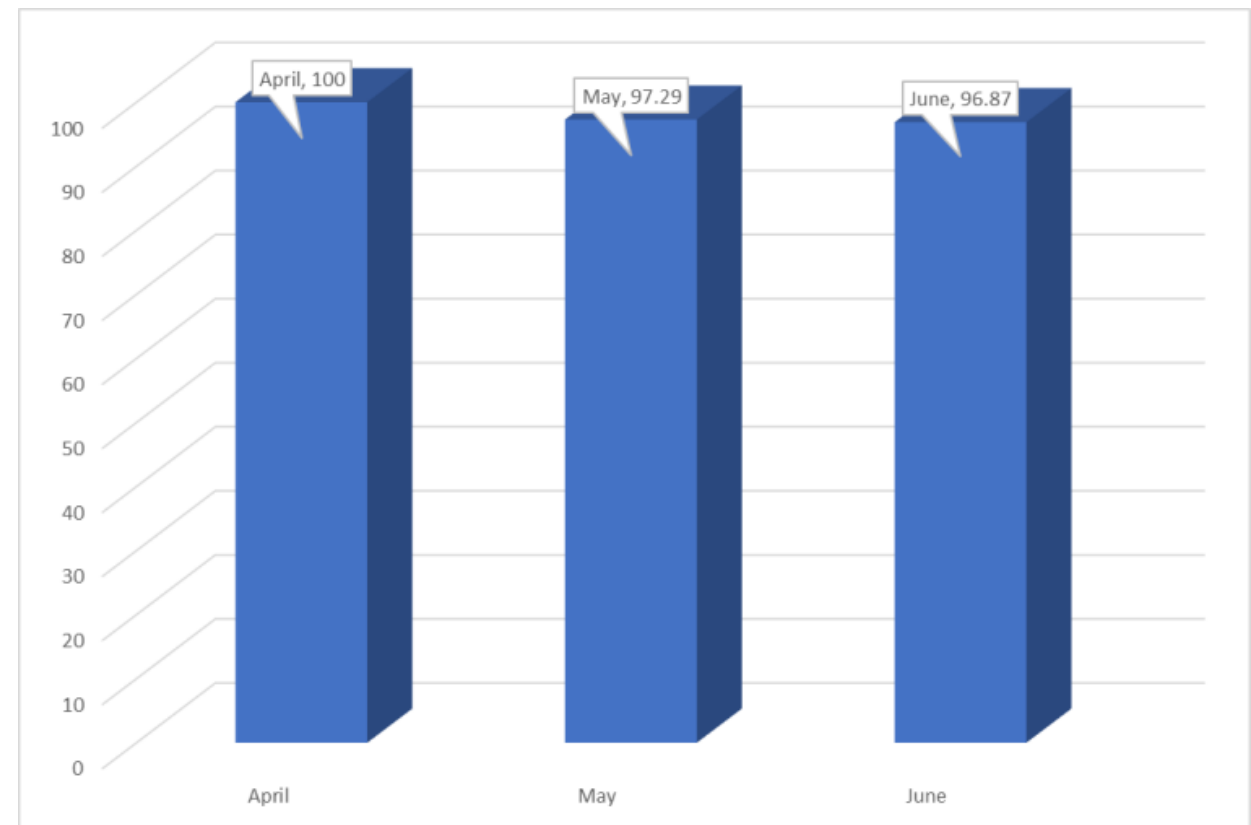
Customer Experience

Percentage of Users happy with the service received from Service Desk and associated technical teams

Ratings where specific feedback has been received

Notes

- Any negative feedback is logged and user contacted to discuss



Feedback Name
● Excellent
● Bad

Ticket ID	Feedback	Comments
90718	Excellent	The session was informative.
90720	Excellent	Satisfactory
93773	Excellent	efficient
97344	Excellent	
100654	Excellent	
77721	Excellent	
79978	Excellent	
86031	Excellent	
88211	Excellent	
91021	Excellent	
95200	Excellent	
97345	Excellent	
99613	Excellent	

Vision

Our Vision is to make IT work where, when and how our customers need it



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Mission

We will do this by providing a Single Point of Contact, Resolving Incidents, Fulfilling Service requests and Offering knowledge, Advice and Guidance

Service Desk Summary Q1 2024

You sent us

11,908

Tickets

93.17%

Of the tickets were actioned within the Service Desk

And we resolved

99.26%

Of those tickets within the targets



Your feedback is key to improving the service. Please continue to complete our surveys and for specific feedback/comments you can email ICT_Feedback.ABB@wales.nhs.uk

This Quarter

97.71%

of survey respondents were happy with the service

Here is some of your feedback this quarter

AMAZING SERVICE AS ALWAYS

The man I spoke to was extremely helpful!!

Thank you for your kind help and advice

Dave was brilliant

Very helpful gentlemen

You called us

12,811

Times

We Answered

91.79%

Of the calls

And of those calls

94.72%

were answered within 1 minutes



Certified

customer-led service desk





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

The purpose of this report is to provide the Finance and Performance Committee (the Committee) with a detailed overview of the current strategic risks delegated to it by the Board.

This report offers assurance that these risks are being effectively managed, monitored, and controlled within the parameters set by the Board.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

At the last Committee meeting in May 2024, the Risk Register included **two** high-level risks, encompassing a total of **five** sub-risks. These risks were identified as areas requiring ongoing scrutiny and assurance by the Committee on behalf of the Board.

Since the previous report, the risk environment has remained stable. There have been no changes in the risk scores or the exposure levels across the five strategic sub-risks under the Committee's oversight.

Asesiad / Assessment

Committee Strategic Risk Register (SRR)



As of the end of August 2024, the Committee has been entrusted with the oversight of two high-level strategic risks, encompassing a total of five sub-risks. These sub-risks have been thoroughly reviewed and updated to ensure the Committee has been provided the most up-to-date information on internal control mechanisms and assurance sources. Despite these updates, which reflect improvements in control measures and assurances, it is important to note that the risk scores and levels for all five sub-risks have remained unchanged.

Table 1 provides a high-level overview of the strategic risks, with more detailed information available in the Committee Risk Register (Appendix A) and the dashboard and individual risk assessments for the five sub-risks (Appendix B).

Table 1

Risk Details	High-Level Risk Description	Sub-Risk	Risk Level L x I	Within Appetite
SRR 001G Director of Finance & Procurement Theme Financial Sustainability Appetite Cautious Score 13 and below	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	5 x 4 = 20 Extreme	N
SRR 001I Director of Strategy, Planning & Partnerships Theme Compliance & safety Appetite Minimal Score 8 and below		i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	4 x 4 = 16 Extreme	N
SRR 006 A – C Director of Digital Theme Service Delivery Appetite	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	a) Due to the full or partial failure of existing digital infrastructure and systems.	3 x 5 = 15 Extreme	Y
		b) Due to an adverse impact on service delivery in the	3 x 4 = 12 High	Y



Open Score 17 and below	implementation of new digital systems.		
	c) Due to a failure to develop digital solutions that are sustainable and fit for the future	3 x 4 = 12 High	Y

SRR 001G

This risk concerns the potential inability of the Health Board to sustain high-quality, safe, and sustainable services due to a failure to achieve a sustainable financial position and long-term financial plan. The risk is currently rated as "Extreme" with a score of 20 (5x4), which is higher than the acceptable threshold set by the Board, defined as a cautious risk appetite with a score of 13 or below. Despite the implementation of comprehensive mitigation measures, further controls are necessary to bring the risk within acceptable levels.

The 2023/24 Savings Programmes and Financial Controls internal audits have been completed, with outcomes providing reasonable and substantial assurance, respectively. Looking forward, the 2024/25 Financial Sustainability Internal Audit, scheduled for the third quarter, will offer additional evidence on the effectiveness of the current risk management strategies.

SRR 001I

This risk pertains to the Health Board's potential failure to implement the required performance improvements in key areas of the organisation, as specified in the Health Board's Performance Management Framework, including domains such as Quality and Safety, Operational Delivery, and Finance. The risk is currently rated as "Extreme" with a score of 16 (4x4), which exceeds the predefined risk appetite of 8 or below.

This is a relatively new risk, having been approved by the Board in March 2024. Assurance that this risk is being effectively managed will be supported by the outcome and findings of several internal audits scheduled for the coming quarters. These include audits on Divisional Governance Arrangements and the Directorate Review of Mental Health and Learning Disabilities in Quarter 2 of 2024/25, as well as the Performance Framework audit planned for Quarter 3 of 2024/25.

SRR006 A-C

These risks relate to the adequacy of the Health Board's digital infrastructure and systems, the potential adverse impact of implementing new digital systems, and the challenge of developing sustainable, future-proof digital solutions. The risks are currently rated between "Extreme" and "High," with scores ranging from 12 to 15. All three risks fall within the Board's risk appetite for service delivery, which is open to moderate risk-taking (a score of 17 and below).

All three sub-risks are supported by comprehensive mitigation measures; however, further efforts to enhance these measures remain a priority. Additionally, there is a need for greater assurance regarding the effective management of these risks. The Committee will closely monitor and assess the effectiveness of the risk



management strategies for these digital risks through a series of internal audits scheduled for 2024/25. These audits include the following: -

- Welsh Intensive Care System in Quarter 1;
- Analytics and Information Use in Quarter 2; and,
- Technical Continuity in Quarter 3.

All risks continue to be assessed according to the timeframes specified in the Risk Management Framework.

As of the end of August 2024, the Committee Risk Register remains unchanged, containing **two** high-level risks and **five** associated sub-risks.

Corporate Risk Register (CRR)

Due to recent operational challenges, the Executive Team was unable to review the draft corporate risk portfolio during its scheduled session in July 2024. These challenges included unanticipated resource constraints and shifting priorities that required immediate attention, delaying the risk review process. However, the Corporate Risk Register will be considered in an upcoming Executive Team weekly business meeting. This will ensure that all proposed corporate risks are thoroughly evaluated, and necessary adjustments are made to the risk portfolio.

A comprehensive report, incorporating the latest risk assessments and any newly identified risks, will be presented to the Board in November 2024. This report will provide an updated status of all strategic and corporate risks, ensuring that the Board has a clear understanding of the current risk landscape. Following this, all risks relevant to the Finance and Performance Committee's remit will be included in subsequent reports to the Committee, ensuring continued oversight and alignment with the Board's risk management framework.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the delegated Committee risks as detailed within the Strategic Risk Register, ensuring alignment with the Board's risk management priorities.
- **NOTE** the ongoing efforts to enhance the Committee Risk Report by including all risks monitored by the Committee, thereby improving transparency and oversight.

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

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

The Strategic Risk Register is informed by Datix, ensuring a bottom-up approach to risk escalation.



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. N/A

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

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



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

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

Choose an item.
Choose an item.
N/A



Risk ID	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Assurance that the Risk is being managed effectively	Target Risk Score				Review of Risk	
						Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained		Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
SRR 001	Financial Sustainability	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	<ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years Instigation of NHS Wales Escalation & Intervention Arrangements Non - delivery of health board priorities, required improvements and achieve longer-term sustainability Prioritisation and possible disinvestment in service delivery Reputational damage and loss of public confidence 	5	4	20	Extreme	Above Appetite Level	Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	Medium	2	4	8	Moderate	01/08/2024	01/09/2024
	Compliance and Safety	Director of Strategy, Planning and Partnerships		l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	<ul style="list-style-type: none"> Unintended patient harm Negative patient/public experience Loss of patient/public trust and confidence Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) Punitive Action Adverse publicity Financial implications 	4	4	16	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	Medium	2	4	8	Moderate	01/08/2024	01/09/2024
SRR 006	Service Delivery	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	3	5	15	Extreme	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Medium	2	4	8	Moderate	01/06/2024	01/09/2024
				b) Due to an adverse impact on service delivery in the implementation of new digital systems	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Medium	2	3	6	Moderate	01/08/2024	01/11/2024
				c) Due to a failure to develop digital solutions that are sustainable and fit for the future	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Medium	2	4	8	Moderate	01/08/2024	01/11/2024

RISK THEME	FINANCIAL SUSTAINABILITY				
Strategic Risk: SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level - Cautious. Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> ➤ Breach of statutory duty to breakeven over 3 years. ➤ Instigation of NHS Wales Escalation & Intervention Arrangements. ➤ Non-delivery of health board priorities, required improvements, and achieving longer-term sustainability. ➤ Prioritisation and possible disinvestment in service delivery. ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 13 and below Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies.	
				SUMMARY The current risk level is OUTSIDE of the target and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target	
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) X	2 (Unlikely) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	07 August 2024	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review (Monthly based on current risk score)	07 September 2024				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • IMTP 2023/24-25/26 • IMTP Delivery Framework • Accountability Framework • Performance Framework • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Final budget delegation • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Appropriately trained Finance Team (capacity & capability) • Budget holder training • Cost intervention procedures • 23/24 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Executive groups and structures established to deliver statutory duties. • Assessment of financial control environment within divisions and corporate teams. • Financial Escalation Meetings 	<ul style="list-style-type: none"> • Revised V&SB approach for 2024/25 to help drive financial recovery, separating thematic and divisional scrutiny. • Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>	Gaps in Assurance	Reasonable Assurance
		<ul style="list-style-type: none"> • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. 	<ul style="list-style-type: none"> • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. • Development of detailed 3-year recovery plan. 	
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i>	Action to Address Gaps in Assurance	
		<ul style="list-style-type: none"> • Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position. 	<ul style="list-style-type: none"> • 2024/25 IMTP plans focussed on 'living within' budget levels. • 2024/25 savings plans to be delivered. • Detailed delivery plans will be a constant development over next 2 years. 	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Internal Audit Reviews 2023 – 24		

<ul style="list-style-type: none"> • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established. • Revised accountability arrangements part of Executive governance. • 3-year route map to sustainable recovery developed and approved by Board July 24. 		<ol style="list-style-type: none"> 1. Savings Programmes – Reported to ARAC - Reasonable Assurance 2. Financial Controls – Reported to ARAC July 2024 – Substantial Assurance 3. Asset Management Q3 – Reported to ARAC April 2024 - Reasonable Assurance <p>External Audit Reports 2023 -24</p> <ol style="list-style-type: none"> 1. Efficiency Review 23/24 Q3/Q4 – Not yet reported. 2. Structured Assessment - Received at ARAC November 2023. 3. Audit of Financial Statements Q4 2023/24 – True & Fair view given, minor recommendations, qualified on deficit and 3-year IMTP not agreed. <ul style="list-style-type: none"> • Financial assessment and review reports to Welsh Government – monthly • Enhanced monitoring T.I. meetings with Welsh Government – monthly 		
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RISK THEME	COMPLIANCE AND SAFETY				
Strategic Risk: SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population			Publication Status	Public
Strategic Threat	i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.			Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> ➤ Unintended patient harm ➤ Negative patient/public experience ➤ Loss of patient/public trust and confidence ➤ Reduced staff morale leading to potential absence from work <ul style="list-style-type: none"> ➤ Scrutiny from external organisations (AW/HIW/WG) ➤ Punitive Action ➤ Adverse publicity ➤ Financial implications 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
Lead Director	Director of Strategy, Planning & Partnerships	Risk Exposure	Current Level	SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Monitoring Committee	Finance and Performance Committee	Likelihood	4 (Likely) X		
Initial Date of Assessment	19 April 2024	Impact	4 (Major)		
Last Reviewed	01 August 2024	Risk rating	= 16 (Extreme)		
Next Review (Monthly based on current risk score)	01 September 2024		= 8 (Moderate)		

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
Performance Management and Assurance Framework Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed post End of Year and proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive	6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. System Leadership Team for awareness and updates 	Gaps in Assurance Capacity to run the performance framework and reporting requirements. If Business Partnering Support and analytical support is in the appropriate areas, will be reviewed as part of 12 month Performance Management Framework review in the Autumn	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board Routine reporting through the IQPD process 	Action to Address Gaps in Assurance Internal Audit 2024/25 Plan Findings and recommendations from the Divisional Governance Arrangements (Q2) Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i> <ul style="list-style-type: none"> Internal Audit 2024/25 Plan <ul style="list-style-type: none"> Directorate Review - Mental Health and Learning Disabilities (Q2) Divisional Governance Arrangements (Q2) HIW Inspections Llais for feedback 		

RISK THEME	SERVICE DELIVERY				
Strategic Risk: SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	a) Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) X	2 (Unlikely) X	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	4 (Major)	
Last Reviewed	01 June 2024	Risk rating	= 15 (Extreme)	= 8 (Moderate)	
Next Review Due (Quarterly based on current risk score)	01 July 2024				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jan 2024. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff	Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. A recent cyber incident at several London Hospitals presented an opportunity for ABUHB to battle test its cyber response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>	Gaps in Assurance	Reasonable assurance
		Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.	Oversight from NHS Wales Cyber Resilience Unit.	
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i>	Action to Address Gaps in Assurance	
		Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan.	An assessment against CAF was undertaken by CRU in January '24 and the report along with its recommendations has been circulated to key stakeholders.	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit 2024/25		

<p>Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.</p> <p>Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report.</p> <p>Implement the recommendations from Templar report:</p> <p>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.</p> <p>Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.</p> <p>Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. · Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed is to failover in a seamless fashion from one DC to the other with no service impact. ·</p> <p>Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. ·</p> <p>Begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. ·</p> <p>Introduced scenario-based incident response exercising using National Cyber Security Centre developed ‘Exercise in a box’ the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023.</p>		<p>Technical Continuity – planned for Q3</p>		
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RISK THEME	SERVICE DELIVERY				
Strategic Risk: SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	b) Due to an adverse impact on service delivery in the implementation of the new digital systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Data breaches ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) X	2 (Unlikely) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 August 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review Due (Quarterly based on current risk score)	01 November 2024				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. Business change team in place to support services in improvement of clinical and administrative processes. Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. Projects support backfilling of clinical time where required. Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Risk management approach and escalation processes in place in line with the Health Board's Risk Framework 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Uncertainty of where work programmes are reported and how progress is measured 	Reasonable assurance
		<p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 	<p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee 	
		<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p>		

<ul style="list-style-type: none"> • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success. • Information Governance Sub Committee and Cyber Security Subgroup established 		<ul style="list-style-type: none"> • Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> • Implementation of the Welsh Intensive Care System – planned for Q1 		
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RISK THEME	SERVICE DELIVERY				
Strategic Risk: SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	c) Due to failure to develop digital solutions that are sustainable and fit for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Data breaches ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) X	2 (Unlikely) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 August 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review Due (Quarterly based on current risk score)	01 November 2024				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • New Digital Service Request process in place which provides governance in several key areas: <ul style="list-style-type: none"> ○ Automation of request process via ‘Seren’ the ICT Portal ○ Information Governance – ensuring new services have appropriate controls to keep patient information safe. ○ Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. ○ Patient Safety – ensuring services do not introduce any patient safety risks. ○ Records – ensuring new systems comply with the requirements of records management. ○ Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. ○ Business change function which ensures implemented systems are effective and deliver the benefits required. ○ Formal framework in place for the adoption of new digital services and best practice guidance followed. ○ Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process 	<ul style="list-style-type: none"> • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for MH & LD, Division of Medicine, Urgent Care & Families & Therapies • Portfolio optimisation to ensure the resources of the service are aligned to key priorities • New Digital Request quarterly reporting to DDAT sub-committee • New governance structures to be put in place further to directorate restructuring • Development of product management approach to delivery of core software applications and extending use of agile processes to ICT 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Quarterly reporting to DDAT sub-committee 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • If the NDSR process delivers anticipated improvements • The outcome of the the ED RMS audit 	Reasonable assurance
		<p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • Regular Reporting to the Finance & Performance Committee 	<p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> • Monitor the performance of the NDSR process 	
		<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. 	<ul style="list-style-type: none"> • Audit into the effectiveness and appropriateness of the electronic document and records management solution (ED RMS) in use for the management of digital health records and the provision of scanning services. 	
		<p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> • LINC Programme– Outcome Reasonable assurance • Network Infrastructure (VPN) - Outcome Reasonable assurance 		

<ul style="list-style-type: none">○ New Digital Request processes include fortnightly senior leadership scrutiny of requests,● New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards● Annual operational plan completed and aligned with IMTP● Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for CSS Divisions of Surgery & PCCS in place● Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints		Internal Audit 2024/25 <ul style="list-style-type: none">● Electronic document and records management solution - planned for Q4		
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**CYFARFOD BWRDD IECHYD PRIFYSGOL
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – July 2024 (2024/25 Month 4)
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 July 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 31st of July 2024,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation




This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st of July 2024 (month 4) 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.

Jul-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	3,766	18,164		47,860
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	7,404	25,433		0
	£63,865	11.6%	39.8%		
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.9%	97.4%		>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)	21/22	22/23	22/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£89.600m Deficit	£55m Deficit

The 2024/25 financial year to date budget performance as at month 4 is an adverse variance of **£18.164m**.

The 2024/25 reported forecast is a £47.860m deficit which is a £1m improvement from the £48.9m deficit within the annual plan. There are however risks to the forecast position in relation to the full delivery of savings, receipt of income and other operational pressures.

The 2024/25 forecast of £47.860m is £35m greater than the Welsh Government control total of a £13m deficit.

The Board has made improvements to the financial forecast and has "de-risked" a number of pipeline opportunities. Work continues to progress further opportunities to minimise operational and savings delivery risks.

Cefndir / Background

Key points to note for month 4 include:

- Year to date position is a deficit of **£18.164m**.
- A reported full year position of **£47.860m deficit**, this is a reduction of £1m from the submitted annual plan financial forecast of £48.9m deficit.
- Income includes anticipated funding for a number of areas including; CHC real living wage funding.
- Pay Spend is £1m higher compared with June due to increased medical agency costs, nursing agency and nursing bank costs. Operational pressures including increased enhanced care, sickness and cover due to Health & Safety issues contribute to this pressure. Medical costs increased due to cover for vacant posts as well as permanent appointments.
- Non-Pay Spend (excluding capital adjustments) – has increased by c.£2.3m compared with June due to the reimbursement relating to agency fees undertaken in June as well as increased drugs and WHSSC costs.
- Savings – total planned savings of £40.5m with a forecast delivery of £42.3m. This is due to the CTM arbitration case with the resulting benefit of £1.5m greater than the specific savings target for this disinvestment. Overall, in-month achievement is £3.7m (YTD £9.9m).

At Month 4, the reported revenue position is a £18.164m deficit and the reported capital position is break-even. There are risks in achieving the reported forecasts.

The opening underlying financial deficit for the 2024/25 financial year was £81.4m, the revised closing underlying financial position for 2024/25 is assessed as a **£55m** deficit which has been revised following a quarter one review and the recurrent benefit due to the CTM arbitration case in month 4. This position has informed the updated 3-year route map to recovery.

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)
- Confirmed savings of (£40.5m)
- Month 4 – (£1m net improvement – see table below)
- **Total 2024/25 forecast deficit - £47.9m**

The table below describes the updated position following the annual plan submission (31st of May) 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 31st of May plans	60.3
Pipeline opportunities converted into savings plans (31 st of May)	(5.4)
Total 2024/25 position before pipeline opportunities (Likely case)	54.9
Further pipeline opportunities currently being confirmed	(6.0)
ABUHB financial plan 2024/25 total (best case)	48.9
CTM arbitration	(1.5)
WHSSC over-performance	0.7
Operational pressures including drug increases	0.9
Assumed income (PADMs / Dispensing doctors)	(1.1)
ABUHB 2024/25 forecast as at month 4	47.9

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

Summary Reported position - July 2024 (M04)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	292,247	435	388	47
Prescribing	116,133	55	110	(55)
Community CHC & FNC	69,213	941	585	356
Mental Health	141,701	317	357	(40)
Total Primary Care, Community and Mental Health	619,293	1,748	1,440	308
Surgery	139,614	1,384	650	734
Clinical Support Services	125,996	190	68	121
Medicine	161,078	473	(17)	490
Urgent Care	39,283	(47)	(73)	26
Family & Therapies	133,487	839	732	107
Estates and Facilities	93,806	(159)	(87)	(73)
Director of Operations	10,754	(351)	(161)	(190)
Total Director of Operations	704,018	2,329	1,113	1,216
Total Operational Divisions	1,323,312	4,077	2,553	1,524
Corporate Divisions	104,239	(1,133)	(357)	(776)
Specialist Services	194,273	183	0	183
External Contracts	95,719	(500)	0	(500)
Capital Charges	75,620	(21)	(13)	(8)
Total Delegated Position	1,793,163	2,606	2,183	423
Total Reserves	(38,345)	15,558	12,215	3,343
Total Allocations	(1,742,859)	0	0	0
Other Corporate Income	(11,959)	(0)	(0)	(0)
Total Reported Position	0	18,164	14,398	3,766

Summary of key operational points for Month 4

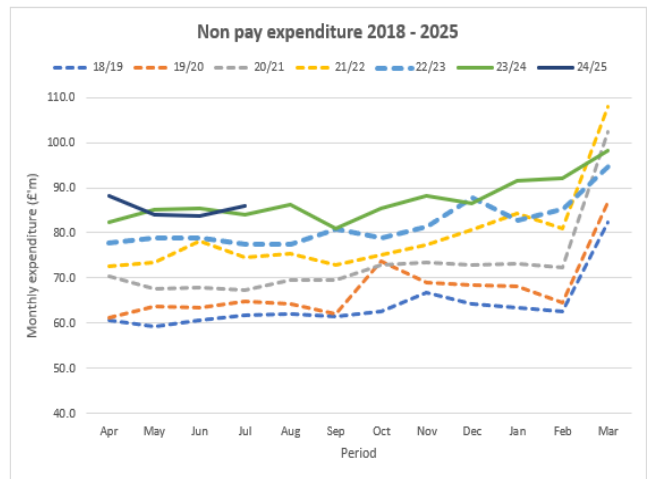
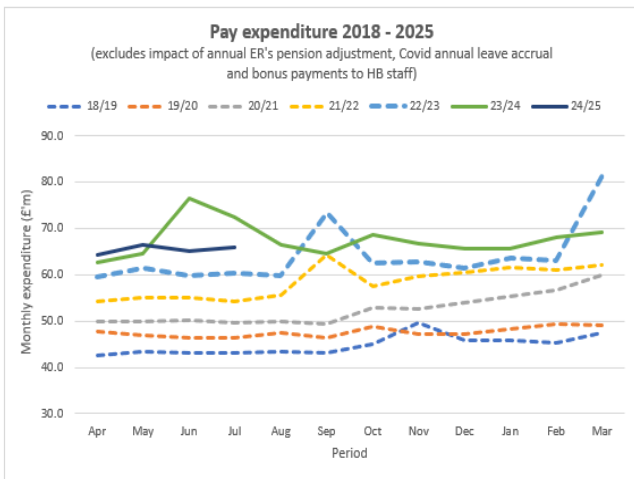
- Pay Spend during July 2024 was £66m an increase of c.£1m (1.6%) compared with June.
- Substantive pay spend was £59.2m (June £58.9m).
- Variable pay spend was £6.8m (June £6.1m).
 - Medical agency cost increase (consultant cover / vacant posts) - £0.3m
 - Nursing agency cost increased (enhanced care and sickness) - £0.2m
 - Increased medical staffing appointments - £0.25m
 - Nursing bank staff increase of £0.25m to cover operational pressures
- Non-Pay Spend (excluding capital adjustments) was £86m, an increase of c.£2.3m (2.7%) due to the agency fee reimbursement received in June (+£0.7m) as well as increased drugs (+£0.7m) and WHSSC costs (+£0.8m).
- 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 321 in-patients who are fit for discharge as at the end of July; approximately 25% of the blocked bed days are health related, 46% are social care and package of care related with the remaining 29% 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.£15.9m 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 and performance across the Health Board. The delays need to be reduced 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 costs present a financial pressure compared with IMTP financial forecasts (reflected in the year to date only). The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.36 in the full year forecast (March PAR). Growth is assumed to be 0.8% for 2024/25 and will be reviewed further using future PAR data. There is a material risk relating to updated April/May PAR average cost per item (£7.48) which is not reflected in the full year forecast and tariffs for Category M and Non-Category M drugs, however the forecast has been held due to the dynamic nature of drug pricing and assuming mitigating actions relating to further rebates that should offset the possible increase.
 - CHC fees and growth pressures continue in Adult CHC / Mental Health and Paediatrics off-set by FNC numbers below annual plan
 - Enhanced cleaning, additional security and other facilities covid legacy costs continue
 - Additional WLI and backfill costs above plan to support cancer and 156-week targets
 - Mobile MRI expenditure in YYF
 - On-going use of variable pay by mental health wards for acuity as well as sickness and vacancy cover, (Mental Health nursing variable pay includes over 50% related to enhanced care)

Expenditure run rates

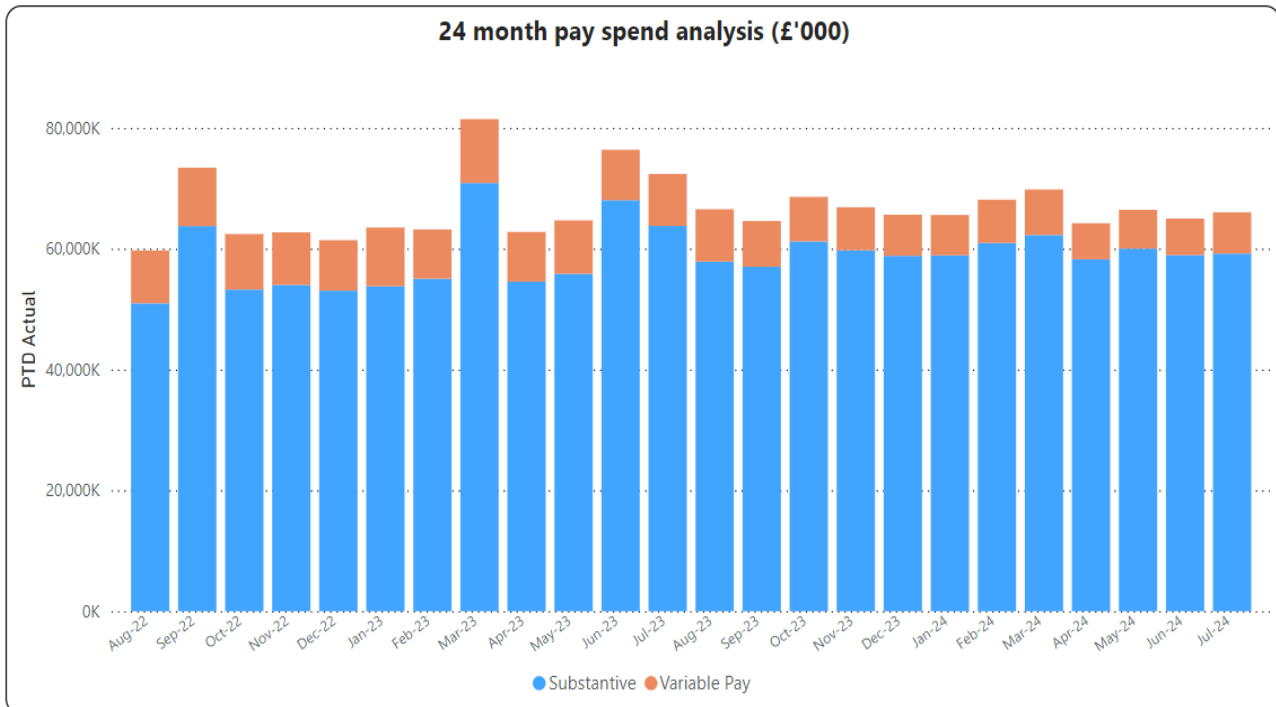
Pay and Non-Pay expenditure run-rates for the last six financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce for the Health Board to meet its annual plan deficit and even more so to a break-even position in future financial years.



Workforce

The Health Board spent £66m on workforce in month 4 24/25, an increase of £1m compared with June. To note 2023/24 monthly average expenditure was £67.7m – excluding year-end adjustments for employer pension contributions and annual leave.

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

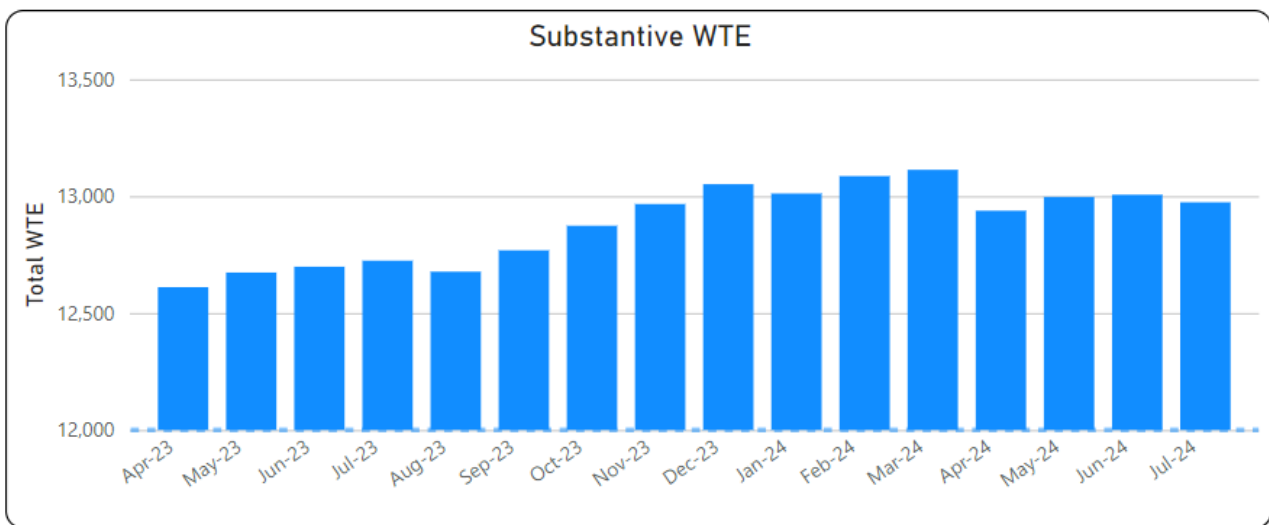


¹ To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).

Substantive staff

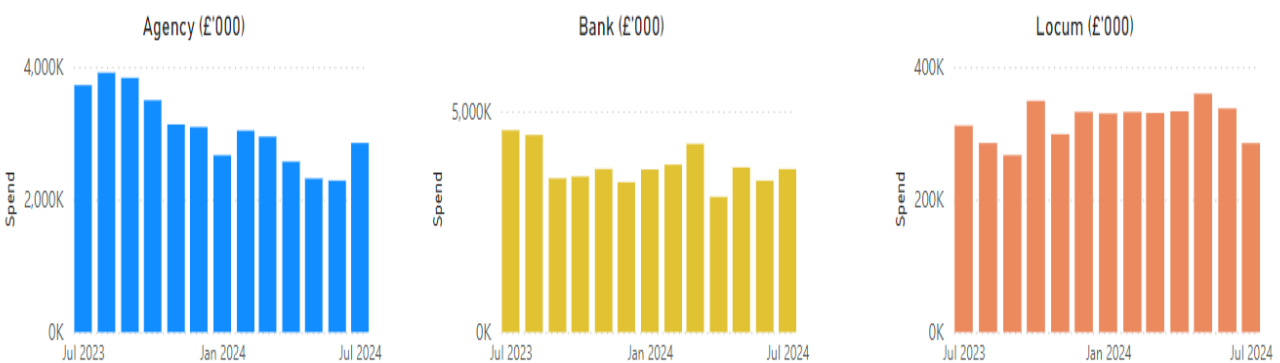
Substantive pay was £59.2m in July - costs increased by £0.3m compared with June.

Month 4 includes 12,974 wte employed staff, a decrease of 32 wte over the prior month. The movement is across a number of staff groups and areas including Mental Health & LD, Estates & Facilities and Medicine Divisions. In Estates & Facilities some posts remain vacant linked to the ward moves between STW and RGH; these posts are forecast to be filled later in 2024/25.

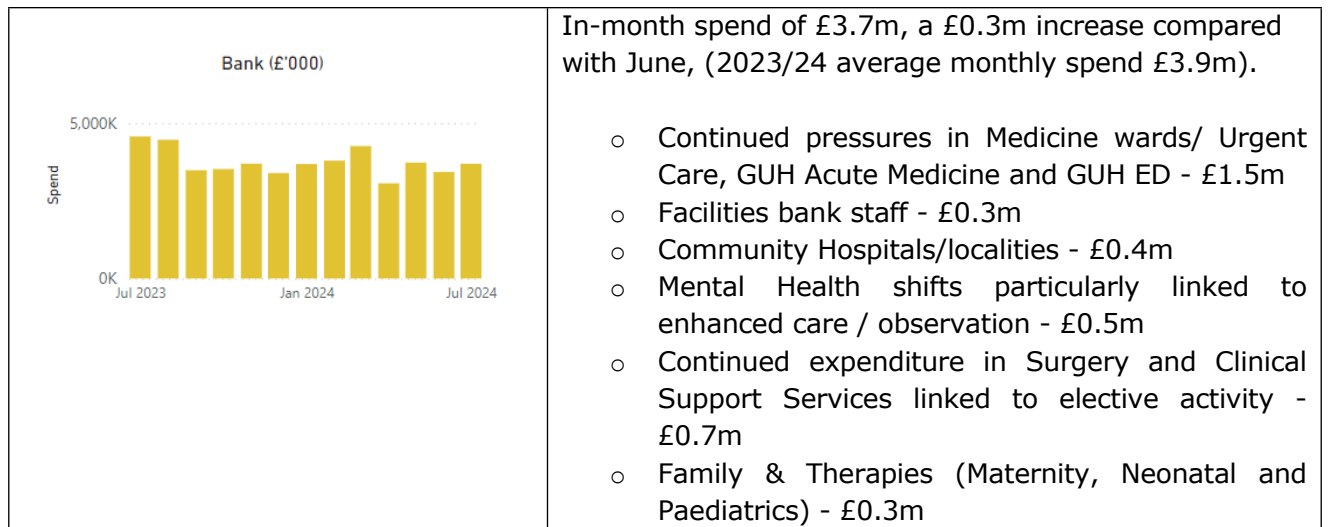


Variable pay

Variable pay (agency, bank and locum) was £6.8m in July compared with £6.1m in June. 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. In July there were some additional nursing costs relating to cover due to Health & Safety issues in RGH related to call bell failure.

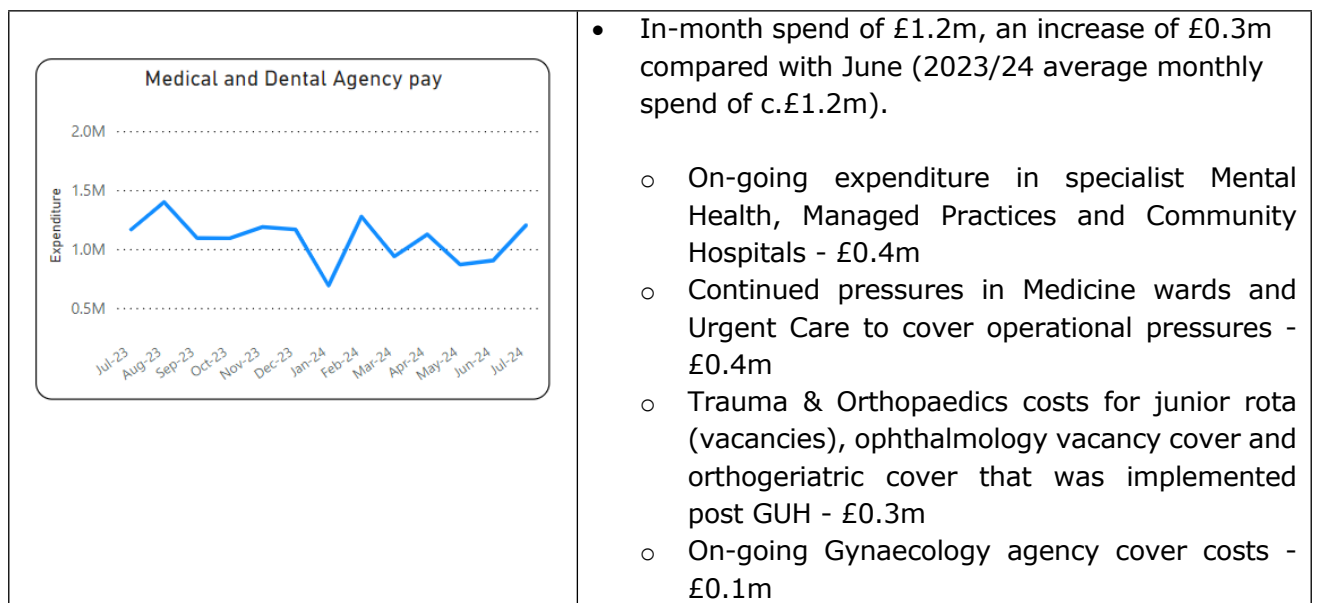


Bank staff



Agency

Total agency spend in July was £2.9m compared with £2.3m in both May and June.



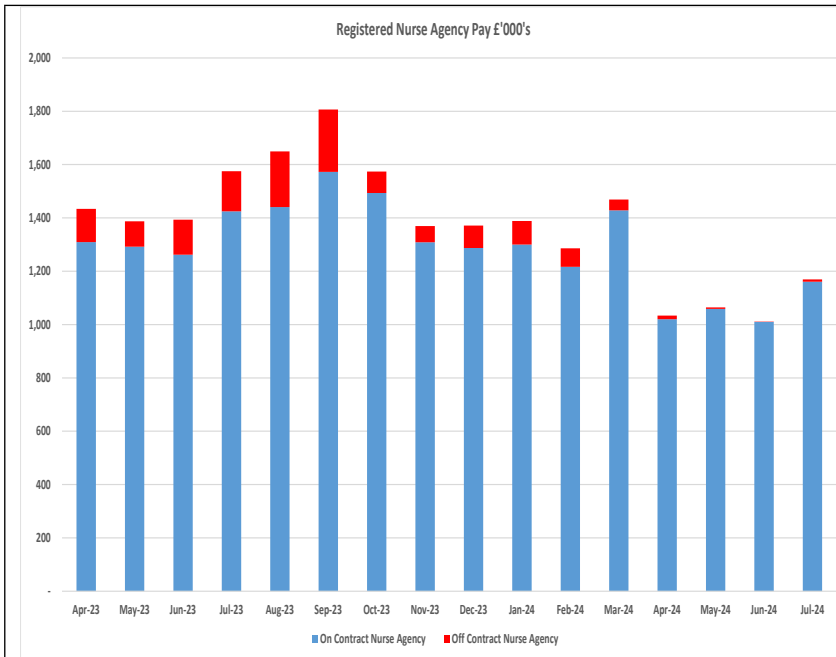
<p>Registered Nursing Agency pay</p>	<ul style="list-style-type: none"> • In-month spend of £1.2m, a £0.2m increase compared with June. (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: <ul style="list-style-type: none"> ○ Vacancy cover ○ Additional service demand ○ Enhanced care and increased acuity of patients across all sites, and ○ On-going sickness • On-going costs in GUH Emergency Department and Medicine wards (total £0.7m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health and Primary Care agency costs of £0.3m mainly linked to enhanced care cover.
<p>Estates & Ancillary Agency pay</p>	<ul style="list-style-type: none"> • In month spend of £0.2m on Estates & Ancillary agency, a similar amount of spend compared with June. • Reasons for use of agency include: <ul style="list-style-type: none"> ○ Meeting enhanced cleaning standards, ○ Other additional surge capacity, ○ Sickness, ○ Vacancies • Estates and Ancillary agency spend averaged £0.65m per month 2023/24. • Decrease in agency costs linked to substantive appointments for posts linked to enhanced cleaning.
<p>HCA/HCSW Agency pay</p>	<ul style="list-style-type: none"> • In month spend of £0.06m on HCSW agency, a similar level to previous months (2023/24 average monthly spend of c.£0.16m). • Areas where spend remains are: <ul style="list-style-type: none"> ○ MH&LD £26k, ○ PCCS £29k, ○ Family & Therapies £2k

Registered Nurse Agency

Health Board spend in July 2024 is £1.2m on RN agency compared with £1m in June 2024. If spend continues at the average of 2024/25 levels throughout the financial year, then spend on RN agency would be c.£12.75m.

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 minimal but remains a last resort for the Health Board.



Off-contract Registered Nursing agency costs are now at minimal levels (£8k) which is a significant improvement compared to previous financial years. Agency costs reflect the on-going vacancy cover as well as usage for other operational pressures within Primary Care & Community for:

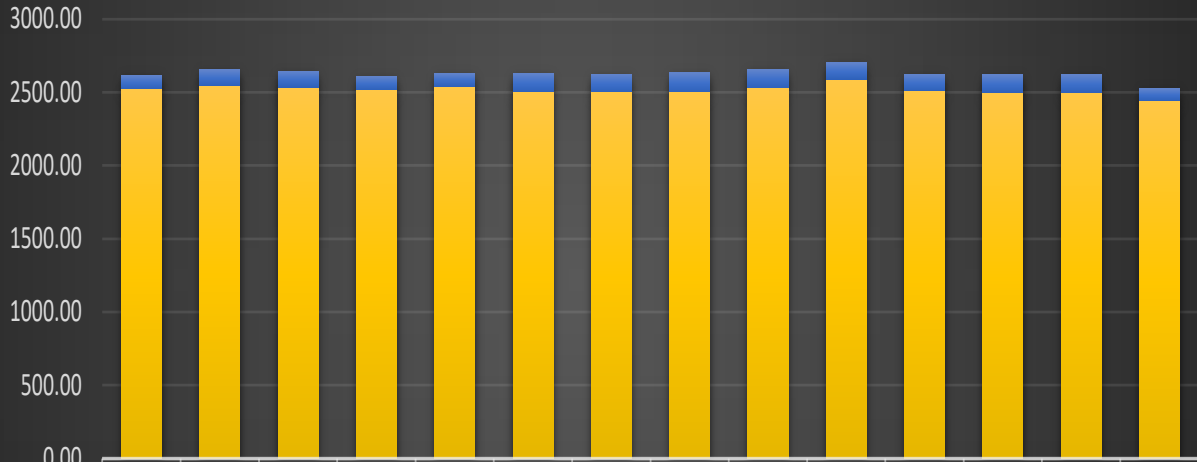
- Enhanced care, and
- sickness

HCSW off contract agency is £16k, within Monmouth Physio, MH Psychiatric ICU, Monnow Vale Trefynwy ward and YAB Ebbw Ward.

Implications of Nursing Shift 'Fill Rate'

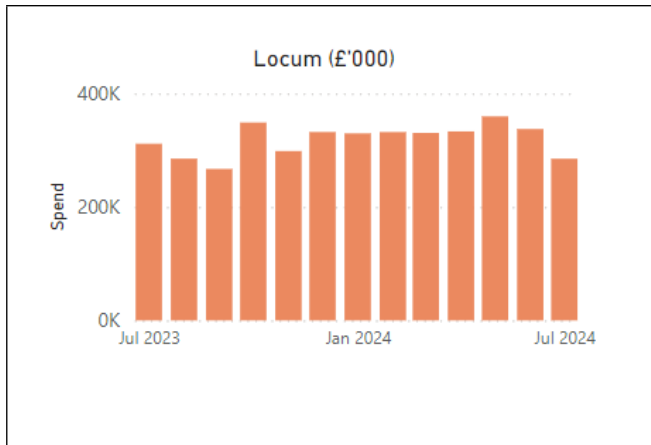
It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In July there were approximately 75 unfilled registered nursing shifts and 400 unfilled HCSW shifts, which could have increased the spend by a further c.£0.2m if these shifts were filled. The increase in substantive appointments continues to decrease the level of unfilled shifts which should demonstrate service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts. The graph below shows the movement in filled / unfilled shifts over the last 3 months.

Filed and Unfiled Shifts - WTE



	11th May	18th May	25th May	1st Jun	8th Jun	15th Jun	22nd Jun	29th Jun	6th Jul	13th Jul	20th Jul	27th Jul	3rd Aug	10th Aug
Unfiled Shifts	92.43	105.30	108.55	91.02	90.26	123.21	122.28	129.73	127.95	111.47	113.75	122.34	119.74	80.53
Filed Shifts	2524.86	2547.91	2536.32	2516.83	2540.82	2506.25	2501.74	2503.93	2529.07	2590.29	2510.73	2499.90	2500.72	2446.05

Medical locum staff



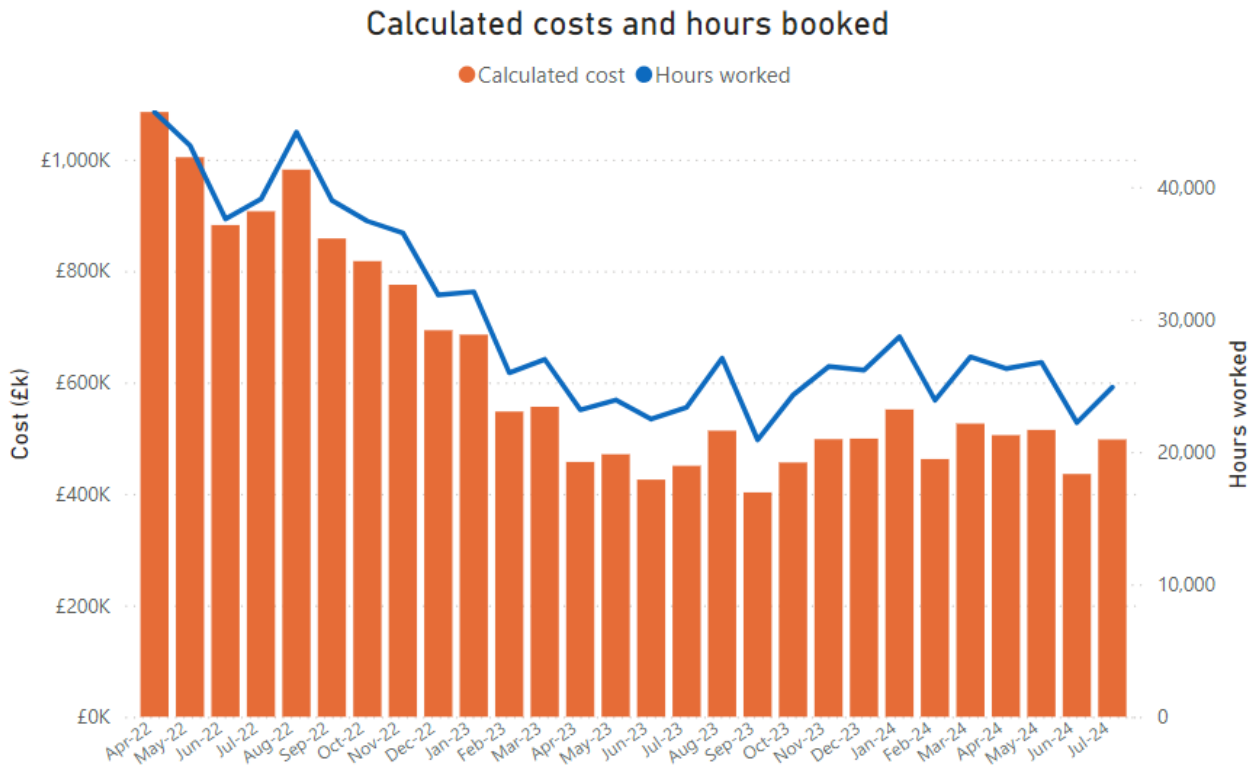
- Total locums spend of £0.3m, a similar level to June (23/24 average £0.3m).
 - Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
 - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

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 July 2024 (£0.5m 'notional calculated' expenditure in July) using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked.



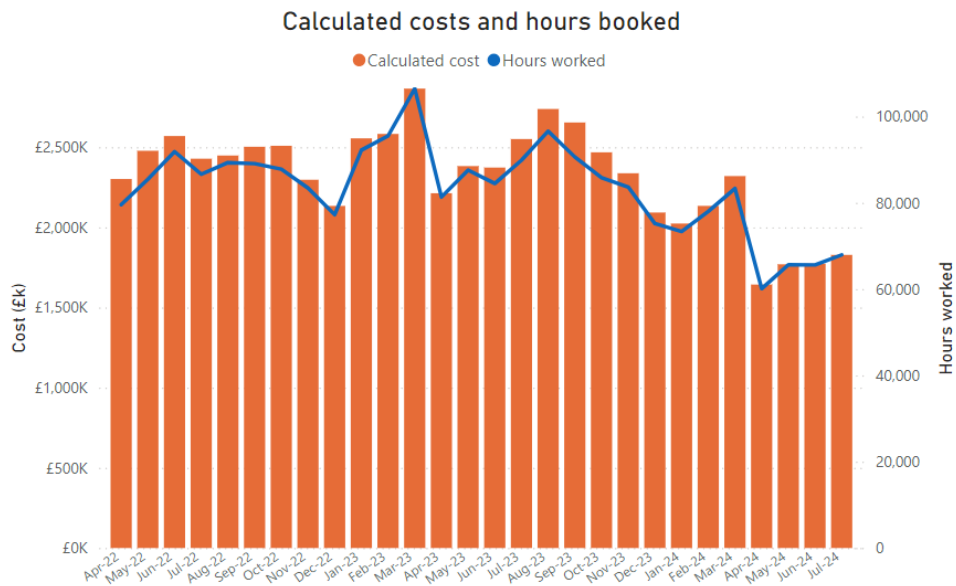
The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below and will be monitored throughout 2024/25.

	2023/24 average	Apr-24	May-24	Jun-24	Jul-24
RGH					
Total no of Medicine beds	192	192	192	192	192
Monthly average enh care patients	34	28	26	21	21
%age of beds in receipt of enh care	18%	15%	14%	11%	11%
NHH					
Total no of Medicine beds	164	164	164	164	164
monthly average enh care patients	22	23	16	18	21
%age of beds in receipt of enh care	13%	14%	10%	11%	13%
GUH					
Total no of Medicine beds	91	91	91	91	91
monthly average enh care patients	12	13	15	12	11
%age of beds in receipt of enh care	13%	14%	16%	14%	13%
YYF					
Total no of Medicine beds	148	148	148	148	148
monthly average enh care patients	24	27	22	24	26
%age of beds in receipt of enh care	16%	18%	15%	16%	18%
Total					
Total no of beds	595	595	595	595	595
Total monthly average enh care patients	92	91	79	75	80
	15%	15%	13%	13%	13%

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 July 2024 variable pay relating to vacancies is c.£1.8m ('notional calculated' expenditure).

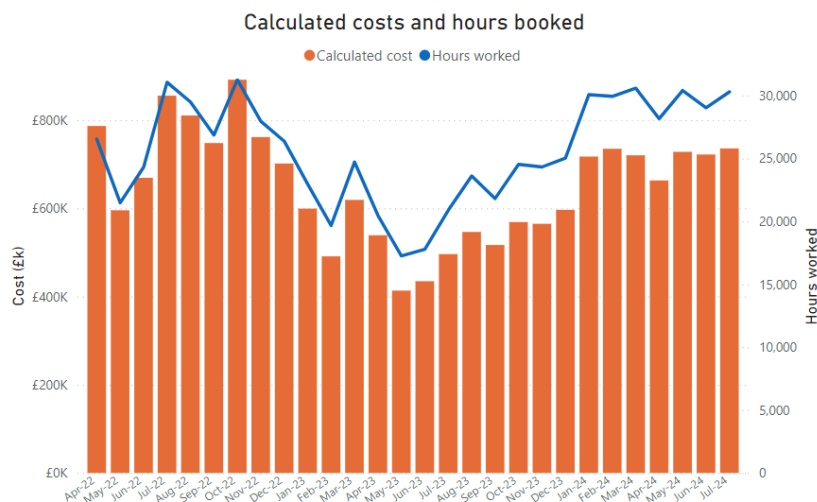
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in July 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.

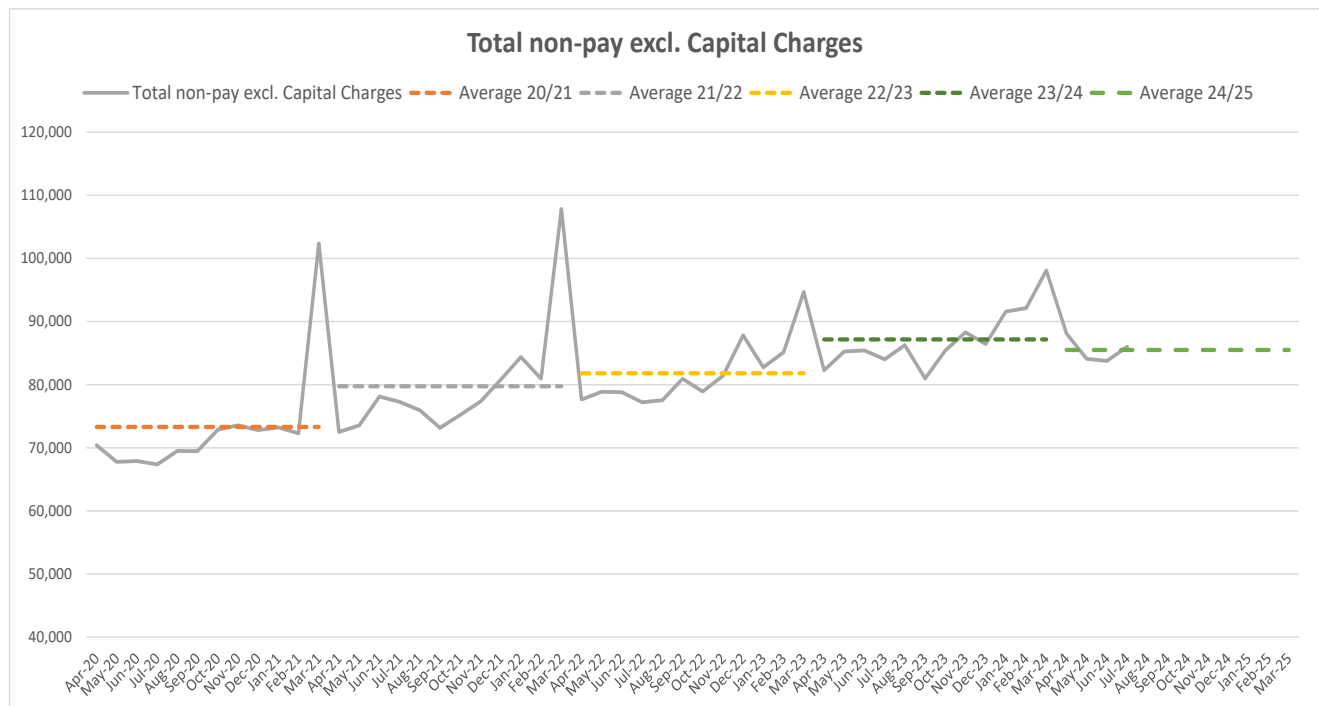


Non-Pay

Spend (excluding capital) was £86m in July, which is a £2.3m increase when compared with June (spend £83.8m). Key reasons include:-

- WHSSC service, pass-through wage award ('pay matrix') and performance costs - £0.8m increase
- Agency fees credit in June - £0.7m increase
- Additional FP10 and acute drugs costs - £0.7m increase
- M&SE disposable / insulin pumps - £0.5m increase
- Funded TEC Cymru and Frailty expenditure adjustments - £0.7m decrease
- CTM LTA reduction in costs - £0.6m decrease.
- External commissioning pass-through wage award plus other additional costs - £0.9m increase

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 £0.1m compared with 2023/24 expenditure following the latest energy forecast received in June. The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals £'000	2023/24 Actuals £'000	2024/25 Forecast £'000	2024/25 Plan £'000
Total Shared Service Contract Energy Cost	21,612	16,834	17,305	18,961
Total Other Energy costs	571	777	396	447
Total	22,183	17,611	17,700	19,408

Other energy costs outside of the shared service contract are under review. Given the volatility of non-commodity energy prices these may have further updates later in the year.

To note, £1.7m budget relating to the reduced energy forecast has been taken from Estates & Facilities back to reserves to underpin the bottom line.

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m, the increase has been partly funded by WG.

CHC

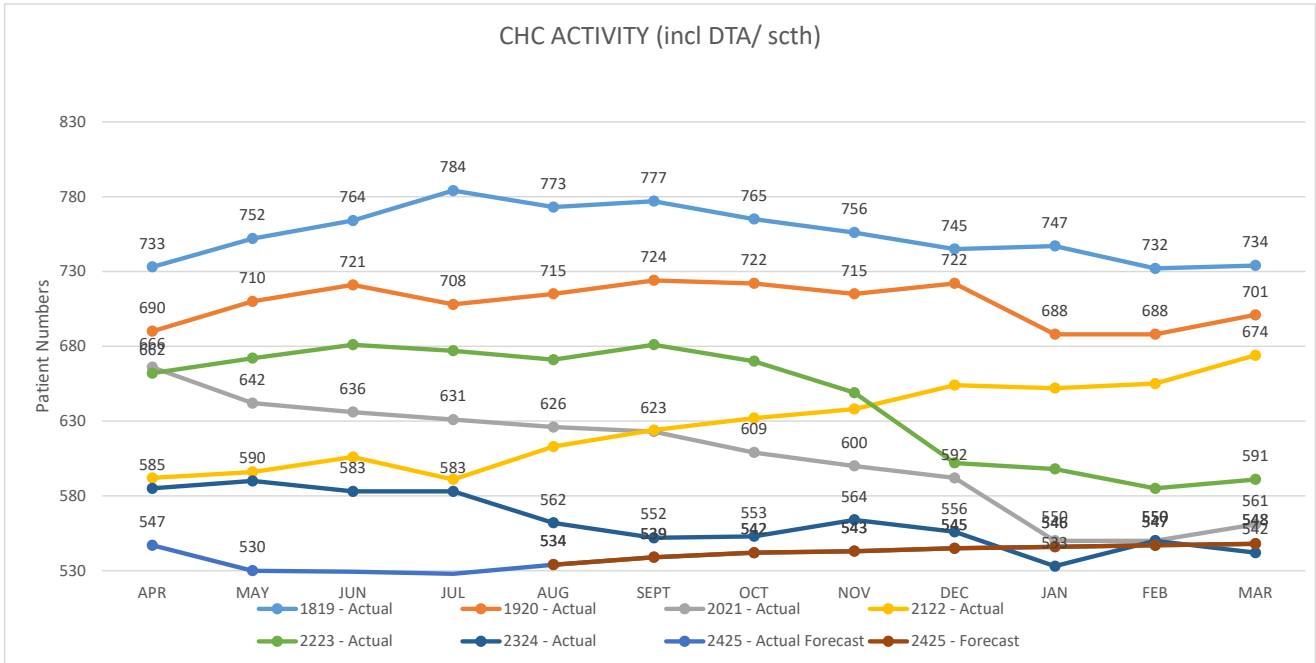
- CHC Mental Health – the patient numbers at the end of July were 429 at a cost of £4.5m (430 patients at a cost of £4.7m in June).
- CHC Adult / Complex Care - 528 total active placements on 31st of July at a cost of £5.1m in-month (529 placements at a cost of £4.8m in June). There was a decrease in the number of D2A patients of 5 and a decrease of 1 to the number of 'Step Closer to Home' (SCTH) patients in July.
- A reduced number of patients on the step closer to home pathway is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c.49 patients on the pathway. Utilisation is being reviewed.
- It should be noted that Newport Local Authority have negotiated and agreed further uplifts to their nursing rates for 2024/25 (8.5% as opposed to the annual plan assumption uplift of 7.7%). Care at Home staffing forecasts have decreased but continue to present a forecast financial pressure of c.£0.5m.
- The table below summarises the current position (patient numbers and costs):

Activity	July 2024	June 2024	Movement
D2A	16	21	-5
Step Closer to Home	1	2	-1
All Other CHC	511	506	+5
Total	528	529	-1

£'000	2024/25 forecast as at M4	2024/25 forecast as at M3	2023/24 out-turn position
D2A	1,920	2,293	2,093
Step closer to home	207	250	407
All other CHC	41,218	40,934	41,053
Total	43,344	43,477	43,553

- FNC - currently 1,077 active placements, which is an increase of 14 compared with June (expenditure of £1m in July compared with £1m in June).

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



- CHC Paediatric – currently 25 Out of County patients, cost for July of £0.1m, a £0.1m reduction compared with June, (2023/24 total cost of £4.1m). There are 14 internal packages (12 patients) provided during July compared with 12 packages (12 patients) for June.

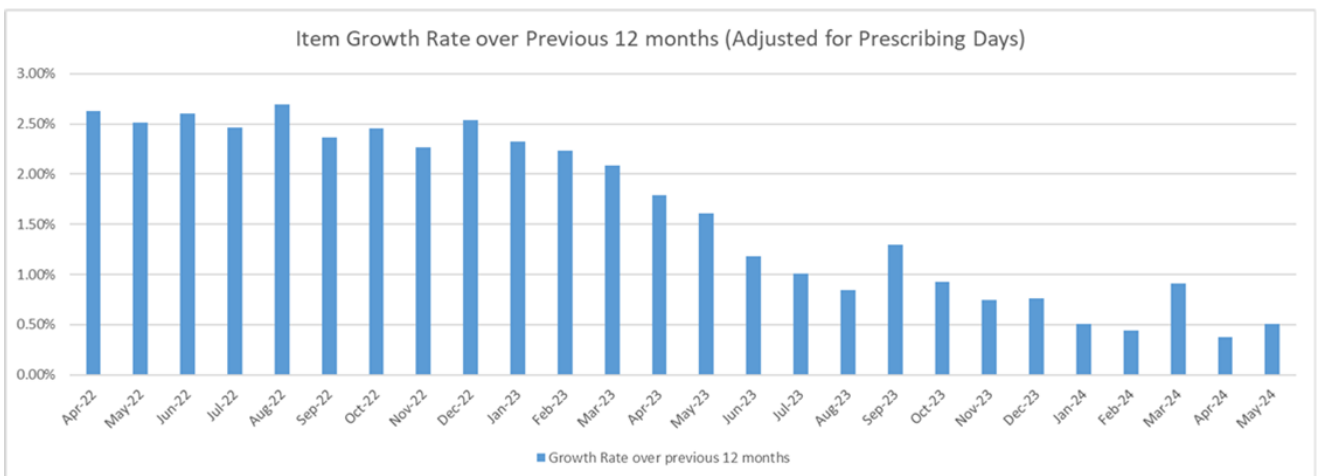
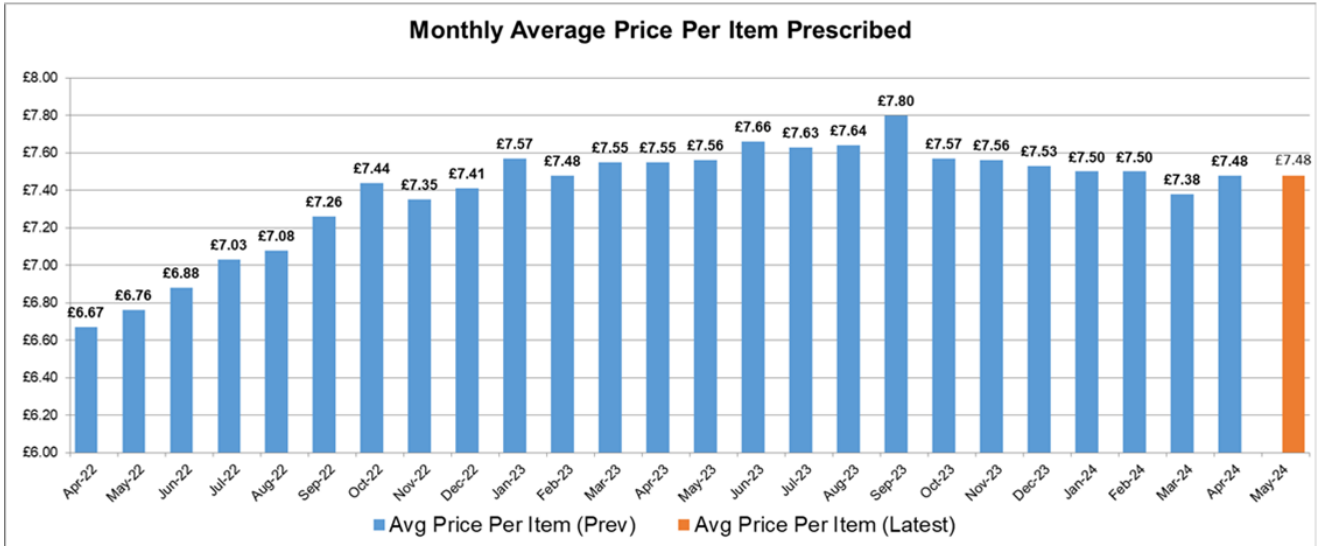
There are 9 external and 4 internal high cost packages which continue to be a cost pressure (>£100k expenditure each). There is also a very high cost case awaiting a dispute panel discussion.

Prescribing

- Primary Care prescribing – July 2024 expenditure is £9.6m, with a forecast cost of £116.9m, (2023/24 cost was £121.9m), the annual plan estimated a cost for 24/25 of £118.3m. The July 2024 costs are based on May PAR data:
 - 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)
 - The growth rate for the 12 months to April 2024 is 0.5%, adjusted for the number of prescribing days.
 - Forecast average cost per item for 2024/25 is £7.36.
 - Actual current average cost per item is £7.48 (not reflected in the forecast)

- Average actual cost per item for 2022/23 was £7.21.
- Average cost per item price for 2023/24 is £7.57.

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



Scheduled Care treatments and outpatients

Elective Treatments for July '24 is 2,230 (June '24 was 1,930).

Elective Activity in July has increased by 300 treatments compared with June (15.5% increase). The number of in month treatments are 295 above plan for July and include 95 'backfill' treatments. Increased activity to reduce Tier 1 waiting list targets remains a priority.

Outpatient activity for July '24 is 7,427 (June '24 was 5,969).

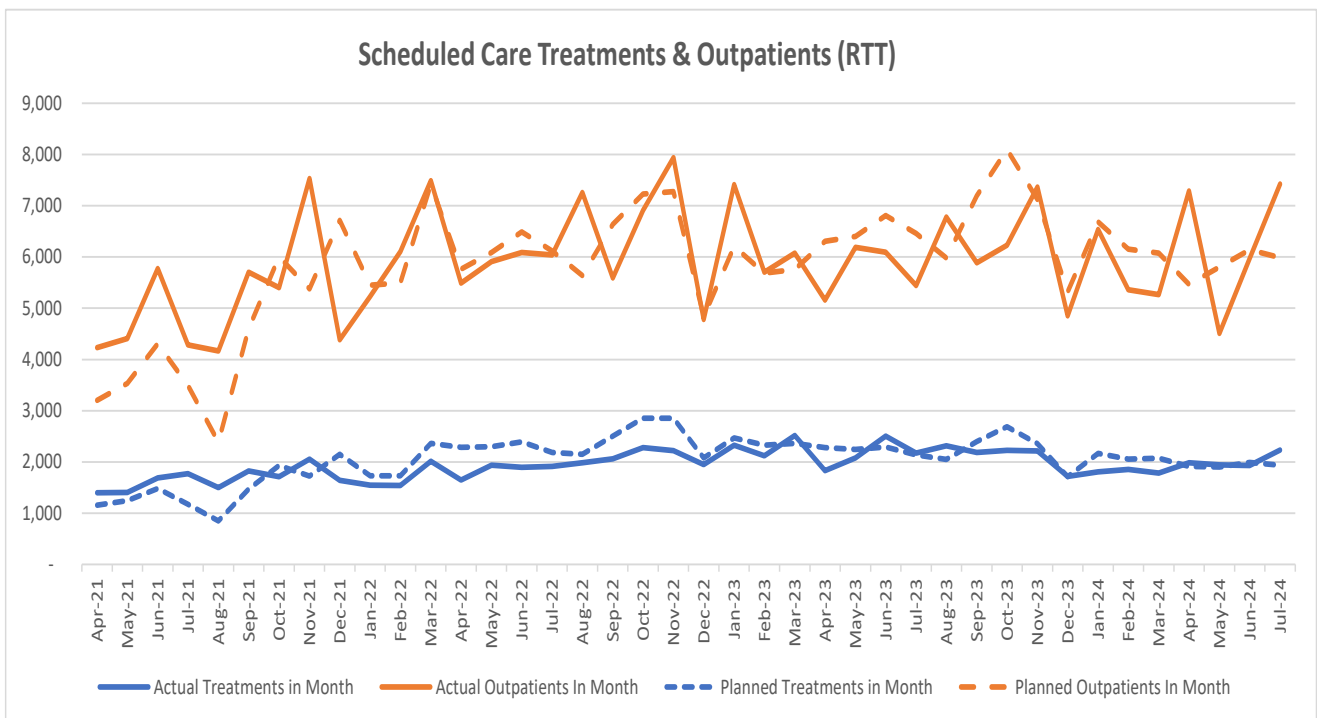
Outpatient activity has increased significantly in comparison with the level achieved in June across most specialities in line with the extra capacity used to

reduce waiting list pressures for 104 and 156 week waits. Much of this is being achieved through WLI and backfill activity.

There were WLIs in-month for cancer treatments and elective work to improve the 156-week position for ENT (297 outpatients) and Max Fax (36 outpatients).

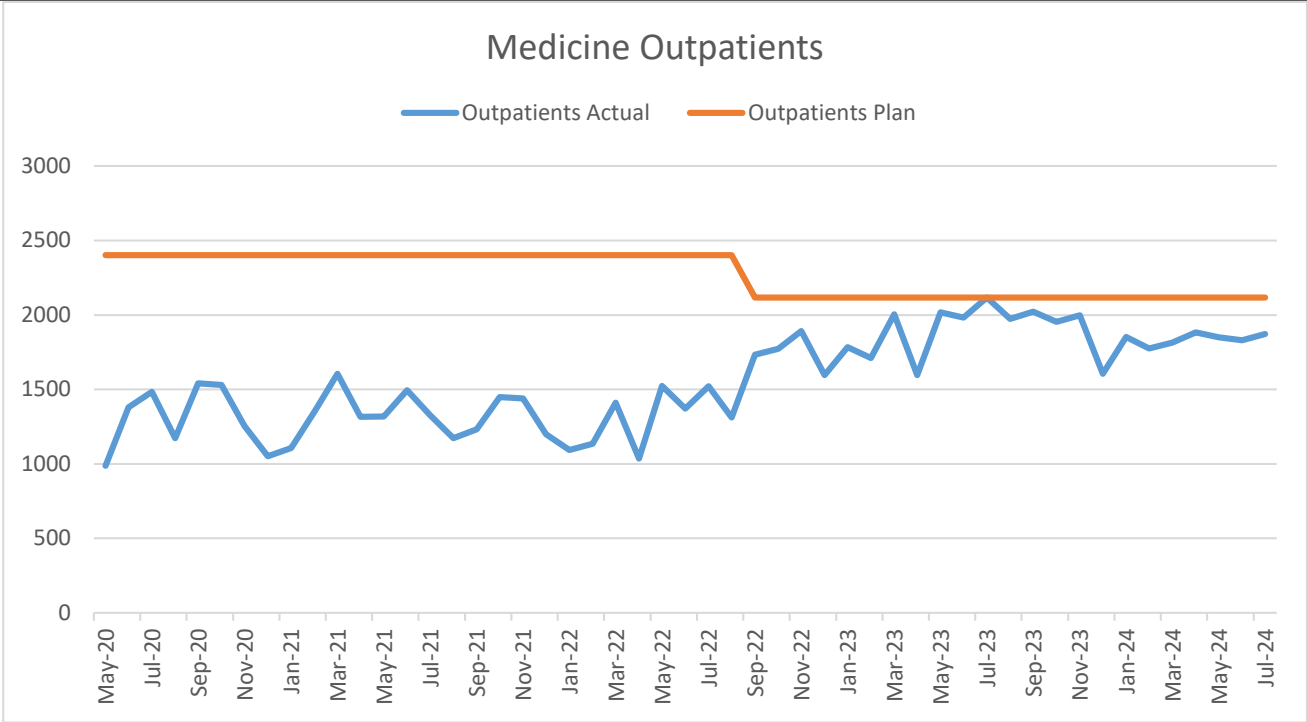
There have been instances where WLI rates are being paid for backfill sessions outside of the agreed rate card.

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

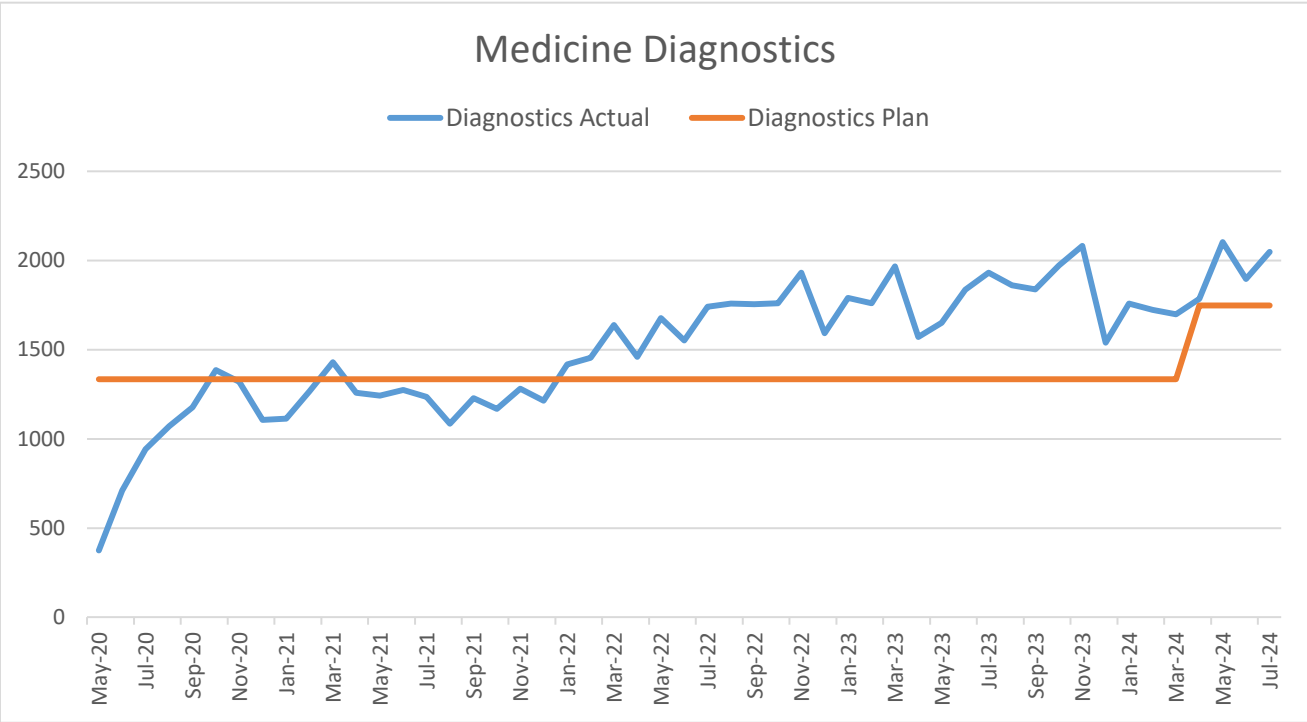
Medicine Outpatient activity for July '24 was 1,871 attendances, which was 245 below plan (June '24 was 1,831 attendances), the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for July '24 was 2,049 procedures which is 300 cases more than the updated 2024/25 plan (June '24 activity was 1,897).

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, the Divisions are required to achieve a break-even position however a number of forecasts highlight key operational pressures alongside non-delivery of savings and COO budgetary targets.

Summary Reported position - July 2024 (M04)	Annual Year Budget £000s	Full-year forecast at M4 £000s	Full-year forecast at M3 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	292,247	1,460	1,299	161
Prescribing	116,133	773	804	(31)
Community CHC & FNC	69,213	379	505	(126)
Mental Health	141,701	2,202	2,917	(715)
Surgery	139,614	3,003	2,377	626
Clinical Support Services	125,996	945	530	415
Medicine	161,078	1,214	1,032	182
Urgent Care	39,283	389	368	21
Family & Therapies	133,487	2,907	2,827	80
Estates and Facilities	93,806	304	(1,335)	1,639

Key forecast movement issues include: -

- Primary Care and Community / Prescribing – COTE medical recruitment pressures off-set by further forecast savings.
- CHC – Care at Home team reduction in staffing forecast but remains an overall pressure to the Division.
- Mental Health & LD – RIF funding, CHC activity below forecast and CHC uplifts lower than planned values.
- Surgery – Additional WLI costs for cancer and urgent treatments, additional costs for 156 week waiting lists, increased drug expenditure linked to FP10s, increased activity linked to NICE guidance and increased homecare activity.
- Medicine – non-delivery of specific savings linked to bed reductions and increased drug costs for FP10s and homecare activity.
- Clinical Support services – additional pressures in critical care (staffing and variable pay), theatres / anaesthetics (consumable costs) and radiology (medical and non-pay pressures).
- Estates and Facilities – revised NWSSP energy forecast benefit transferred to reserves pending quarter 3 and 4 NWSSP forecasts (£1.7m).

The expectation and requirement is for Divisional forecasts to be break-even, but some of the current Divisional forecast positions present a risk to achieving the planned forecast deficit of £47.9m.

To note the forecast is underpinned by the following:

- COO £2.1m budget surplus
- Prescribing Reserve £1.8m surplus
- CHC RLW anticipated funding for 2024/25 of £1.3m, currently held in reserves
- Receipt of unconfirmed PADM's/ Dispensing Doctors funding £1m
- CTM arbitration benefit of £1.5m
- WHSSC holding the over-performance to £0.7m
- Partial achievement of £0.8m Medicine plan bed savings

Covid-19 – 2024/25 Revenue Financial Assessment

Total Covid-19 costs are shown as £12.4m for which funding has been received as part of the Health Board's allocation letter and is broken down as follows: -

- Health Protection and Immunisation (Mass Vaccination) - £10.080m
- PPE - £1.120m
- Adferiad (Long Covid) - £1.216m

The expenditure reported is reflective of the funding.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins

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 Board in March 2024 as part of budget setting have been actioned. Those adjustments which are part of the stage 2 budget delegation process were approved on the 22nd May and have also been delegated. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific commitment.

An amount of c.£1.8m is being held in the reserve 'innovation and development fund' for use by the CEO for in year decisions.

A summary of all Health Board reserves on 31st of July, along with details of amounts approved for delegation by the CEO in Month 4 can be found in the appendices.

Long Term Agreements (LTA's)

The arbitration case to WG with CTMUHB was successful and has resulted in a c.£1.8m benefit to the UHB. ABUHB sent a signed LTA document reflecting the Welsh Government arbitration outcome to CTMUHB on 31st July, we are yet to receive a response.

LTAs have been agreed with all provider and commissioners, a financial LTA agreement has been reached with Velindre Trust but there remain discussions / agreement with regards to the levels of activity the financial sum represents. The nature of the discussion will require a joint commissioner agreement due to the proposed re-basing.

The JCC forecast variance for Month 4 reporting has deteriorated by £0.7m from the breakeven position reported in Month 3. This deterioration is driven by: -

- Pressures on Specialised Services delivered by C&VUHB (£1.2m) including forecast overspends in respect of specialised cardiology (£0.4m), Artificial Limb & Appliance Service (£0.3m) and NICE pressures (£0.2m)
- Increased Individual Patient Treatment Packages approved by the JCC Panel (£0.9m)
- This is offset by forecast underspends in respect of Mental Health Placements (£0.7m) and net slippage on developments (£0.7m)

There remain risks on top of this JCC overspend including underachievement on savings, further over-delivery in particular for the Ministers KPI's and technician re-bandings for WAST.

The ABUHB Commissioning team are currently reviewing this forecast in detail with the JCC financial management team to gain assurance on the assumptions underpinning these forecasts.

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 £55m deficit.

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

- Forecast 2024/25 deficit - £48.9m
- Non-recurrent savings – £6.1m (this has been reduced by £1m relating to the CTM benefits now included in the savings plan)
- Total £55m

Financial sustainability is an on-going priority and focus for the Health Board and delivery of the targets of the 3 year 'route map' to financial balance is a priority.

An initial assessment indicates that the cost drivers underpinning the c/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

After budget-setting Divisions with budgets expected to break-even the ABUHB annual plan deficit of £48.9m is shown as a pressure within reserves.

Following further analysis as part of the quarter 1 review, the current breakdown of the c/f underlying deficit of £55m is now shown below using the underpinning cost drivers above, noting cost uplifts and non-recurrent savings within the plan. The increase in c/f underlying deficit compared with month 2 (£51.6m) relates to those pressures which have impacted the forecast outside of the annual plan with a recurrent effect. These pressures include additional cancer / urgent WLIs and diagnostic costs, increased prescribing / vaccine price costs, and workforce pressures within the Family & Therapies Division. In month 4 this has reduced primarily due to the CTM arbitration case.

The pressures listed are assumed to be recurrent however will be reviewed as part of on-going underlying deficit assessments to assess whether these can be mitigated and/or whether some of the issues can be made non-recurrent thus reducing the underlying deficit.

Underlying deficit c/f 2024/25	Primary Care & Community £m	Complex Care £m	MH&LD £m	Surgery/ CSS £m	Medicine £m	Urgent Care £m	F&T £m	E&F £m	External commissioning £m	Total £m
WG 2023/24 non-recurrent funding utilised to support workforce cost growth	0		3	3	5.5	1	1.5			14
Medical staffing cost increases due to operational acuity including ED safer staffing				1	1.5	3	1			7
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and Urgent Care	0		2.5		2.5	1	1			7
CHC		1.5	3.5				1			6
Medicines management (prescribing and acute drug costs)	7			2	2					11
Covid legacy (estates & facilities)								3		3
WHSSC / EASC (service growth in excess of funded levels)									5	5
Cancer additional activity delivery through WLI and additional diagnostics				2.5						3
Total	7	1.5	9	8.5	11.5	5	4.5	3	5	55.0

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. If this, or any other funding is clawed back by WG it will directly impact the forecast deficit.

Savings delivery

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified an ambitious savings target of £40.5m. This was made up of £29.1m of savings plans plus a further £11.4m of pipeline opportunities.

The revised annual plan submitted by the Board on the 31st of May continued to identify a savings target of £40.5m. This target was made up of £34.8m of savings plans with the remaining £5.7m made up of pipeline opportunities, cost avoidance and other mitigating savings actions.

As at month 4, forecast savings are £42.3m (green and amber), **a £1.8m over-achievement compared to plan**. This is supporting the £47.9m forecast deficit at present. Mitigating actions would be required for additional operational pressures, for non-delivery of forecast savings or to improve the position.

Outlined below are saving schemes which are no longer considered deliverable or will under achieve against annual plan levels, these are reported in the Appendix but include the following: -

- Administrative & Clerical savings – Divisional plans (Primary Care, Medicine, Family & Therapies) assume little opportunity to reduce costs. (£0.2m)
- CHC contract price reductions – little further opportunity likely (£0.2m)

- CHC hospital admissions / Premium contract cost reduction – start date moved following consultation period (£0.3m)
- WAST Inter-site transport (COO) – contract value likely to be higher than forecast due to additional vehicle usage (£0.3m)
- Bed reconfiguration – Medicine: 15 bed reduction undertaken against a plan of 30 (£0.5m)

In addition, there are savings plans which have a high level of risk given requirement for further detailed plans and potential delays in implementation, these schemes include: -

- Bed reconfiguration – Primary Care
- Bed day and Theatre efficiencies (Surgery / Clinical Support Services)
- Other schemes including bed contract and CHC savings

Other areas are currently being examined which may develop into further savings plans to mitigate the risks described above these include: -

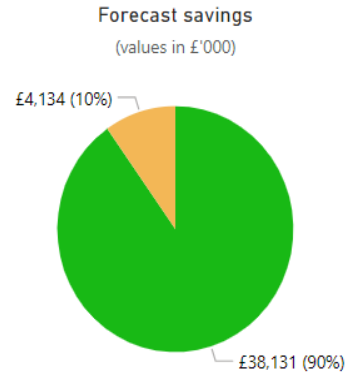
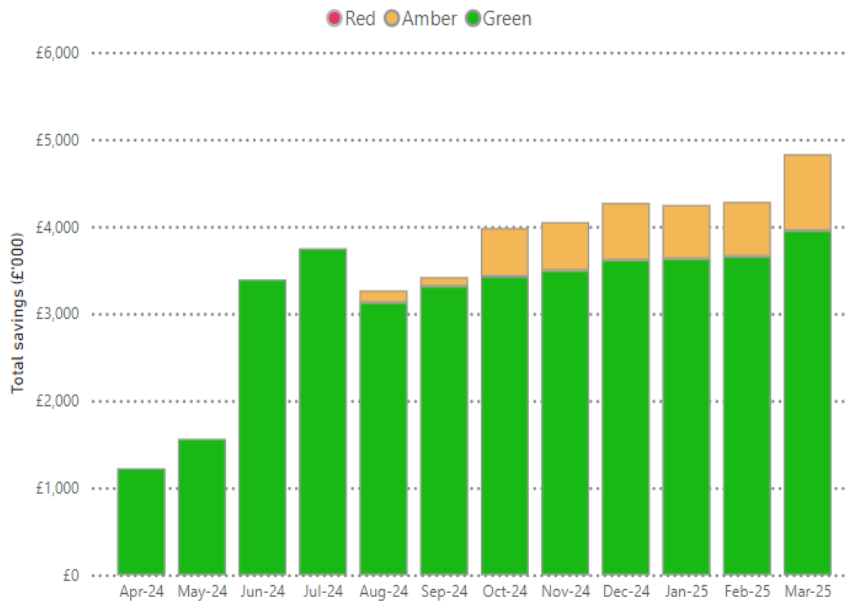
- CHC package reviews
- Corporate non-pay and litigation cost reductions
- Income / funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments, including usage of specialist rates
- Further medicines management schemes
- Prescribing cost avoidance, off-patent and related reviews
- National V&SB opportunities

Actual savings delivered to date for 2024/25 are £9.9m.

The table below presents the updated savings plan at a Divisional level:

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	2.1%	£846	£145	£373	£228	£1,103	£257	130.4%
Complex Care	9.0%	£3,633	£276	£193	-£83	£3,143	-£490	86.5%
Contracting and Commissioning	1.7%	£706	£145	£645	£500	£2,206	£1,500	312.5%
Corporate	17.7%	£7,164	£1,358	£2,019	£661	£6,271	-£893	87.5%
Estates and Facilities	6.5%	£2,640	£485	£830	£345	£4,297	£1,657	162.8%
Families and Therapies	2.1%	£857	£163	£153	-£10	£885	£28	103.2%
Medicine	6.9%	£2,801	£576	£732	£156	£3,111	£310	111.1%
Mental Health and Learning Disabilities	14.6%	£5,906	£816	£598	-£218	£4,838	-£1,068	81.9%
Primary Care and Community	28.1%	£11,385	£2,653	£3,005	£352	£12,186	£801	107.0%
Surgery	4.6%	£1,855	£229	£465	£236	£1,507	-£348	81.2%
Urgent Care	0.2%	£81	£23	£28	£6	£84	£3	103.8%
WHSSC	6.5%	£2,633	£759	£878	£119	£2,633	-£0	100.0%
Total	100.0%	£40,508	£7,628	£9,920	£2,292	£42,265	£1,757	104.3%

Achieved / forecast savings by RAG rating



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	14	£819	£563	-\$256	£8,443	£6,953	-\$1,490
Medicines Management	9	£700	£787	£88	£3,518	£4,099	£581
Procurement & Non-pay	94	£3,394	£5,190	£1,796	£15,115	£18,241	£3,126
Service Redesign	8	£213	£198	-\$15	£3,624	£2,547	-\$1,077
Workforce	59	£2,503	£3,183	£680	£9,808	£10,424	£616
Total	184	£7,628	£9,920	£2,292	£40,508	£42,265	£1,757

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

Risks (2024/25)

- 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 including performance requirements in order to secure full receipt,
- Additional WLI and other costs in order to achieve increased RTT activity,
- Workforce absence / vacancies, availability of staff for priority areas,

- Delayed transfers of care due to LA service challenges (estimated pressure £2.5m 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,
- Impact of the infected blood inquiry,
- Establishment increases and variable pay relating to patient safety as well as Health & Safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16, and
- Energy forecast changes

Opportunities (2024/25)

- VAT rebate opportunities,
- Increased take up of the SC2H pathway,
- Energy forecast changes,
- Re-review of previously 'discounted' and other savings ideas,
- Other income / funding opportunities, 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 4 totalled £63.865m. Forecast overspends totalling £1.993m against various All-Wales Capital Programme (AWCP) schemes (detailed further below) are being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The forecast outturn at Month 4 is breakeven.

The VAT reclaim for the Grange University Hospital scheme submitted in September 2023 continues to be progressed with HMRC. The forecast assumes that the claim will be finalised during 2024/25, however, this assumption will need to be reviewed prior to fixing the CRL allocations in October if the claim has still not been approved. Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is anticipated to complete in November 24. The scheme is forecasting an overspend of £1.667m in 2024/25 which includes the settlement agreement reached with the contractor in respect of two disputed compensation events (£1.115m). The overspend is being offset by the DCP, with the settlement agreement being offset by the release of the provision set up within the DCP in 2023/24. The overspend figure has decreased in month by £0.297m due to delay damages recouped in the July payment. An additional funding bid to WG is planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging, disputed compensation events and other required changes. These currently unfunded costs total £2.2m plus VAT.

Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion forecast to be 30th January 2025. The overall scheme is forecast to be

£0.541m under budget largely because of VAT recovery savings. The 2024/25 resource limit was reduced during June by £0.500m to reflect the expected under spend in the current financial year. There is potential for further slippage if the contingency budget is not required in full in 2024/25, however, the allocation will be retained until the Linac installation is more progressed.

Construction of 19 Hill Health and Well-being Centre (Newport East) is progressing well. The expected hand over is now late November / early December 2024. The overall project budget remains under pressure due to additional asbestos and utility costs with a forecast overspend of £237k which is currently being funded by DCP. A further funding bid is intended to be submitted via the Integration and Rebalancing Capital Fund (IRCF) route in August to mitigate the position.

A forecast overspend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme because of additional asbestos and delays due to nesting birds. This overspend is being funded via the DCP. Further survey works are required to be completed by the Civil Engineers before the programme can be confirmed.

The CAMHS Sanctuary Hub scheme has been delayed due to asbestos removal with expected completion now anticipated for September 2024. The scheme is currently anticipated to be within budget.

Groundworks are underway on the GUH Emergency Department extension scheme with inclement weather causing a delay. The anticipated completion of Phase 1 is now February 2025 with Phase 2 estimated to be May 2025, however, the project team are looking at potential options to accelerate the programme. The scheme is currently anticipated to be within budget.

Additional funding has been received during July in relation to the Radiology Informatics System Procurement (RISP) programme (£0.541m) and Backlog Maintenance schemes across various health board sites (£4.231m).

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.772m 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
- Plus Disposal Proceeds - £0.002m

The current forecast spend for approved DCP schemes is £6.779m. This equates to an under spend of £1.993m which is required to offset the reported overspends on AWCP schemes and includes the release of the provision set up within the DCP in 2023/24 in relation to Bevan Health and Well-being Centre totalling £1.115m.

During July urgent schemes totalling £0.138m have been approved including replacement theatre lights at RGH and replacement fridges and air conditioning for Pathology. Conversely, the DCP contingency budget has been replenished by

scheme forecast reductions totalling of £0.534m including AWCP contributions to capital planning staff costs (£0.100m), the removal in 2024/25 of fees to support the Llanfrechfa Masterplan (£0.050m) and a reduction in AWCP overspends required to be funded by DCP (£0.370m - includes the Bevan and 19 Hill Health and Well-being Centres). As a result, the contingency budget remaining at Month 4 is £1.021m.

Cash

The cash balance on the 31st of July is £5.633m, 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 July (97.9%) and for the year to date. 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 July is 90.5%, which is an improvement compared with June but remains below target. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary. Further correspondence will be sent to other Health Board's to reiterate the need for purchase orders to be provided in advance and not retrospectively.

Category	Invoices	In Mth %	YTD %
NHS	Value	99.5	96.3
	Number	90.5	91.6
Non NHS	Value	96.9	96.3
	Number	97.9	97.4

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to NOTE for assurance:

- The financial performance at the end of July 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st of July 2024,
- The Health Board's underlying financial position,

- The cash position,
- Public sector payment policy performance, and
- The capital position.
- Appendices 1, 2 & 3

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

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

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

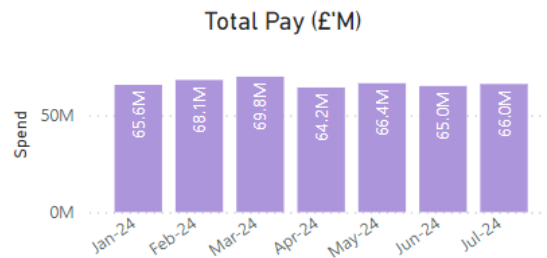
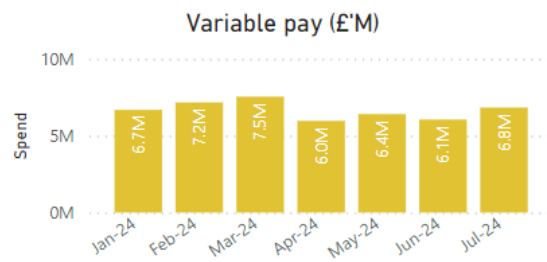
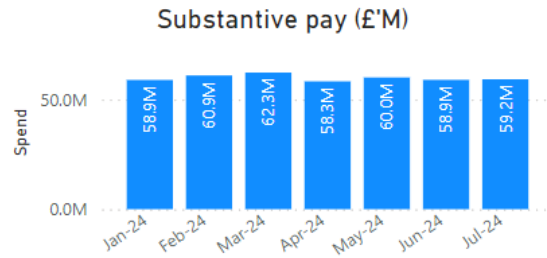
<https://futuregenerations.wales/about-us/future-generations-act/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Aneurin Bevan University Health Board
Finance Report – July (Month 4) 2024/25
Appendices

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Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):



Substantive (£'000)

Pay category	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
ADD PROF SCIENTIFIC AND TECHNICAL	2,335	2,342	2,351	2,330	2,361	2,354	2,344
ADDITIONAL CLINICAL SERVICES	7,712	8,226	7,866	7,918	8,320	8,054	8,118
ADMINISTRATIVE & CLERICAL	9,962	10,305	10,502	9,664	9,847	9,619	9,572
ALLIED HEALTH PROFESSIONALS	4,111	4,140	4,159	4,093	4,098	4,038	4,040
ESTATES AND ANCILLIARY	2,900	3,049	2,920	3,008	3,191	3,061	3,038
HEALTHCARE SCIENTISTS	1,160	1,146	1,167	1,130	1,168	1,157	1,155
MEDICAL AND DENTAL	14,178	14,942	16,450	13,663	14,042	13,936	14,184
NURSING AND MIDWIFERY REGISTERED	16,539	16,797	16,848	16,450	16,996	16,726	16,745
STUDENTS	2	1	2	2	2	2	2
Total	58,899	60,948	62,264	58,256	60,025	58,946	59,199

Change	%	Avg 23/24
-10	-0.4%	2,245
63	0.8%	8,134
-46	-0.5%	10,394
2	0.0%	4,140
-23	-0.7%	3,015
-2	-0.2%	1,148
249	1.8%	14,112
20	0.1%	16,722
0	-0.1%	3
252	0.4%	59,912

Variable pay (£'000)

Pay category	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Agency	2,668	3,040	2,948	2,571	2,318	2,286	2,852
Bank	3,681	3,790	4,259	3,060	3,727	3,427	3,690
Locum	330	332	330	333	360	337	285
Total	6,678	7,162	7,537	5,964	6,404	6,051	6,828

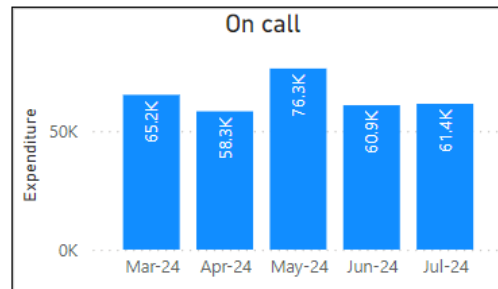
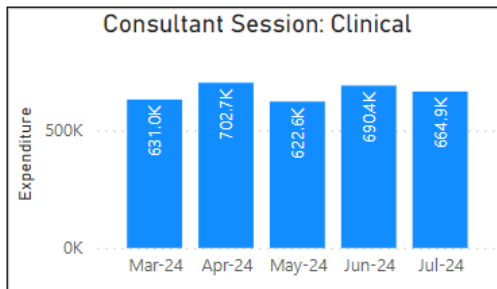
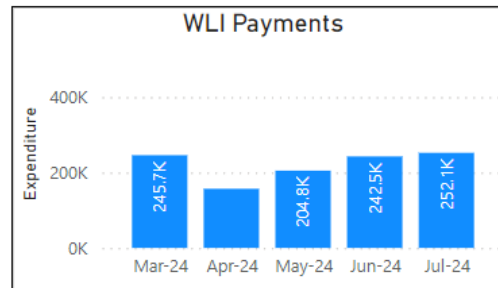
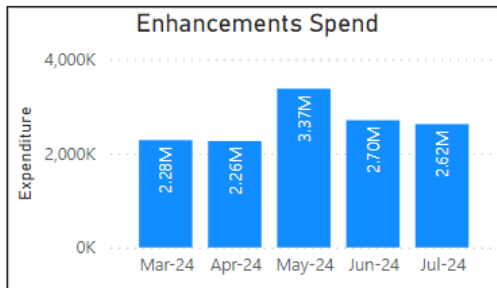
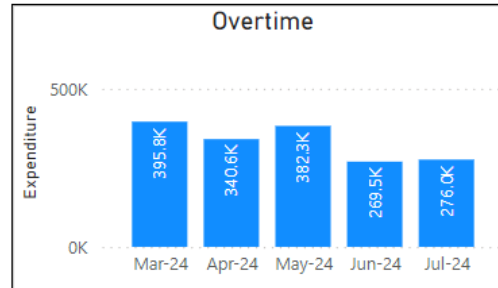
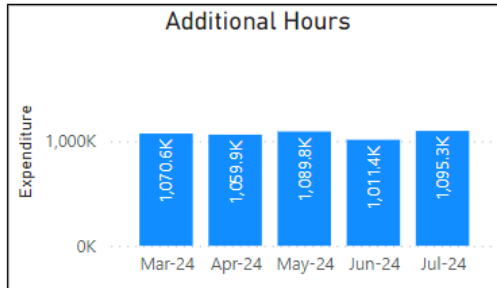
Change	%	Avg 23/24
567	24.8%	3,527
263	7.7%	3,919
-52	-15.5%	299
777	12.8%	7,746

Total pay (£'000)

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Pay	65,577	68,110	69,801	64,221	66,429	64,997	66,026

Change	%	Avg 23/24
1,030	1.6%	67,658

Pay Summary (2): Substantive Pay



Analysis type by Division

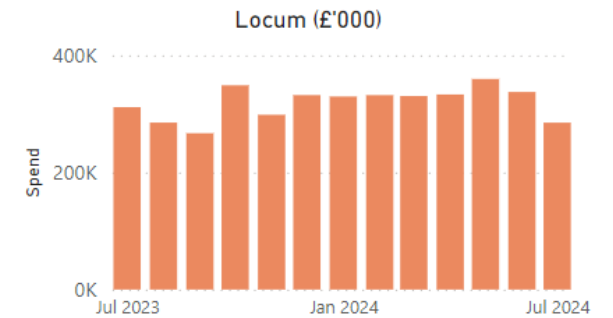
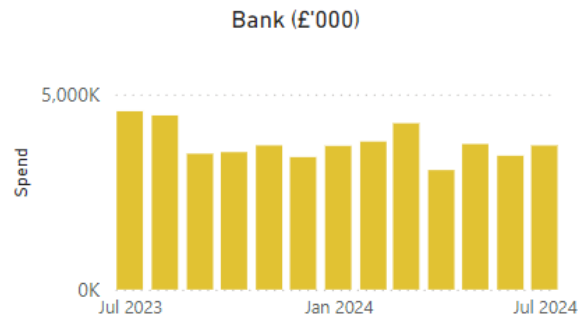
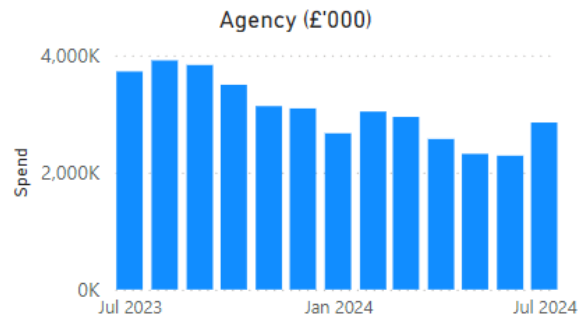
Analysis type	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Total
ENHANCEMENTS						
Medicine	445	438	643	534	520	2,581
Estates and Facilities Division	316	325	473	379	363	1,855
Primary Care and Community	278	284	483	334	337	1,717
Family and Therapies	284	276	400	352	322	1,634
Clinical Support Services	250	241	347	271	264	1,373
Mental Health and LD	207	202	305	250	247	1,211
Surgery	207	205	289	243	236	1,180
Urgent Care	175	180	270	212	203	1,041
CHC and FNC	88	85	124	99	99	495
Corporate	30	27	40	28	29	154
Total	2,281	2,261	3,374	2,703	2,621	13,240
Additional Hours	1,071	1,060	1,090	1,011	1,095	5,327
CONSULTANTS SESSION: CLINICAL	631	703	623	690	665	3,312
OVERTIME	396	341	382	269	276	1,664
Waiting List Payments: Consultants	246	157	205	242	252	1,102
ON CALL	65	58	76	61	61	322
Total	4,689	4,580	5,750	4,978	4,970	24,967

Pay Summary (3): Variable Pay (£'k)

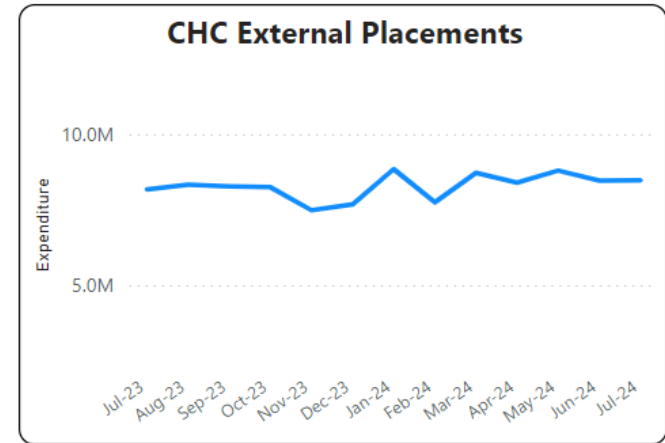
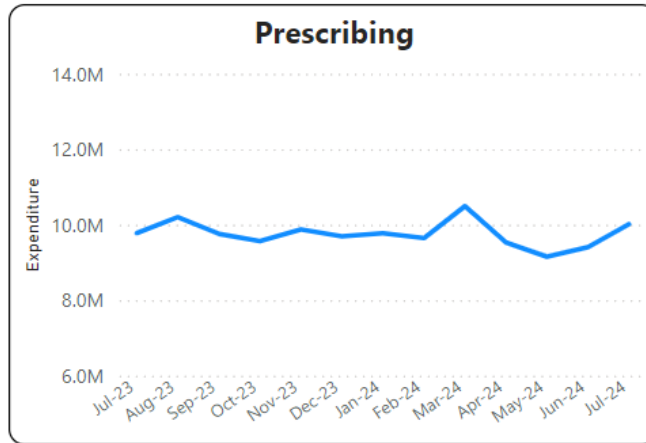
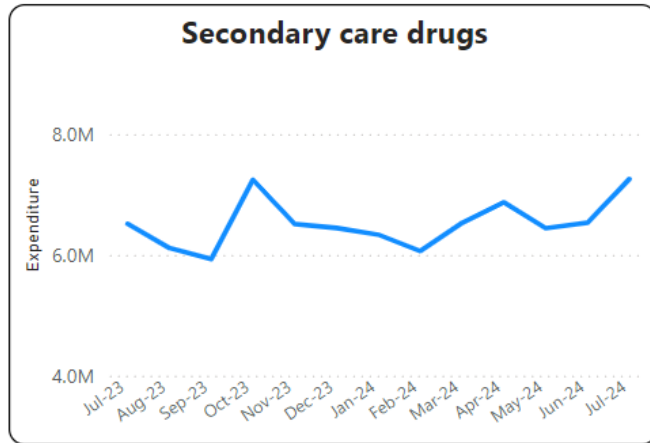
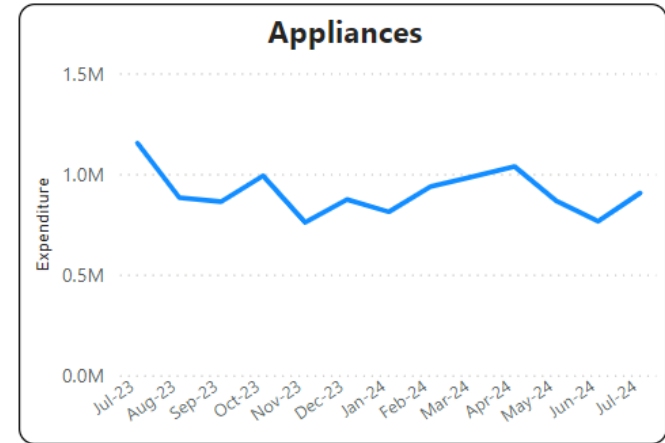
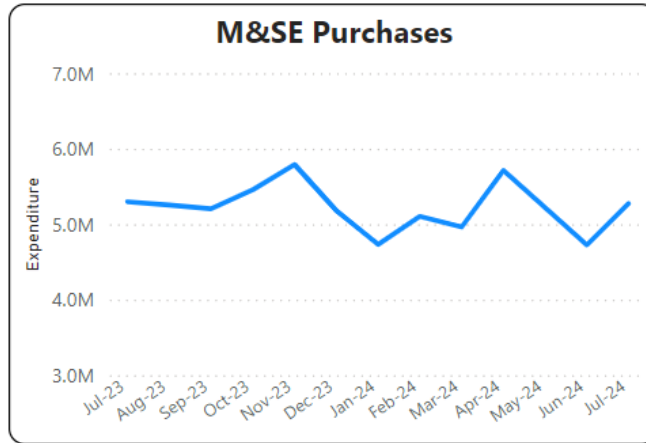
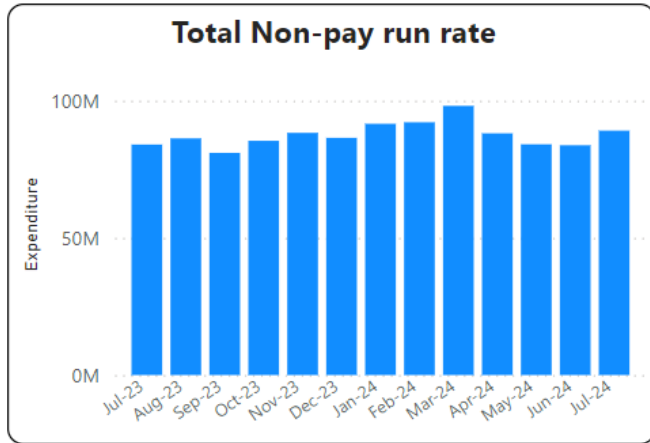
Pay category	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Agency													
Admin & Clerical Agency	49	41	39	86	38	29	67	82	59	28	8	19	-4
Allied Health Prof Agency	196	196	192	123	165	135	120	86	82	102	105	162	132
Estates & Ancillary Agency	490	341	471	489	246	281	239	184	232	205	139	78	188
Medical Agency	1,165	1,399	1,093	1,091	1,187	1,166	690	1,274	938	1,124	869	902	1,201
Nurse HCA/HCSW Agency	160	236	183	89	79	89	65	88	59	26	39	38	57
Other Agency	90	49	50	46	47	21	99	39	109	53	94	77	109
Registered Nurse Agency	1,575	1,650	1,807	1,574	1,369	1,371	1,388	1,286	1,469	1,034	1,064	1,011	1,169
Total	3,724	3,913	3,835	3,497	3,132	3,093	2,668	3,040	2,948	2,571	2,318	2,286	2,852
Bank													
Admin & Clerical Bank	114	92	92	82	89	87	95	84	119	68	79	75	93
Estates & Ancillary Bank	216	201	215	216	224	243	254	235	263	218	257	249	263
Nurse HCA/HCSW Bank	1,811	1,816	1,438	1,520	1,572	1,473	1,711	1,523	1,784	1,428	1,680	1,548	1,614
Other Bank	1	-1	0	2	-2	0	0	0	0	1	0	1	0
Registered Nurse Bank	2,425	2,352	1,736	1,699	1,808	1,589	1,620	1,949	2,093	1,345	1,711	1,555	1,721
Total	4,568	4,460	3,480	3,519	3,692	3,392	3,681	3,790	4,259	3,060	3,727	3,427	3,690
Locum													
Medical Locum	311	285	267	349	299	332	330	332	330	333	360	337	285
Total	311	285	267	349	299	332	330	332	330	333	360	337	285
Total	8,603	8,658	7,582	7,365	7,122	6,817	6,678	7,162	7,537	5,964	6,404	6,051	6,828

Change	%
-23	-124.0%
-30	-18.3%
111	142.3%
299	33.1%
19	49.6%
33	43.1%
158	15.7%
567	24.8%
18	24.2%
14	5.5%
66	4.2%
0	-14.0%
165	10.6%
263	7.7%
-52	-15.5%
-52	-15.5%
777	12.8%

Avg 23/24
59
153
401
1,222
157
60
1,475
3,527
95
210
1,614
0
2,001
3,919
299
299
7,746



Non-Pay Summary:



Referral to Treatment (RTT):

- Elective Treatments for July '24 was 2,230 (June '24: 1,930. 2023/24 total: 24,688, 22/23 total: 22,327, 19/20 total: 28,004)

Planned Treatments (M04)				Actual Treatments (M04)					Treatment Variance (M04)			
Treatment	Core	Backfill	Total	Treatment	Core	Backfill	WLI	Total	Treatment	Core	Backfill	Total
N107-Dermatology	173	0	173	N107-Dermatology	258	32	0	290	N107-Dermatology	85	32	117
N147-ENT	137	0	137	N147-ENT	170	16	0	186	N147-ENT	33	16	49
N105-General Surgery	330	0	330	N105-General Surgery	386	17	0	403	N105-General Surgery	56	17	73
N146-Oral Surgery	193	0	193	N146-Oral Surgery	258	10	0	268	N146-Oral Surgery	65	10	75
N148-Ophthalmology	241	0	241	N148-Ophthalmology	369	0	0	369	N148-Ophthalmology	128	0	128
N108-Rheumatology	0	0	0	N108-Rheumatology	0	0	0	0	N108-Rheumatology	0	0	0
N115-Trauma & Orthopaedics	382	0	382	N115-Trauma & Orthopaedics	477	4	0	481	N115-Trauma & Orthopaedics	95	4	99
N106-Urology	479	0	479	N106-Urology	217	16	0	233	N106-Urology	(262)	16	(246)
Total	1,935	0	1,935	Total	2,135	95	0	2,230	Total	200	95	295

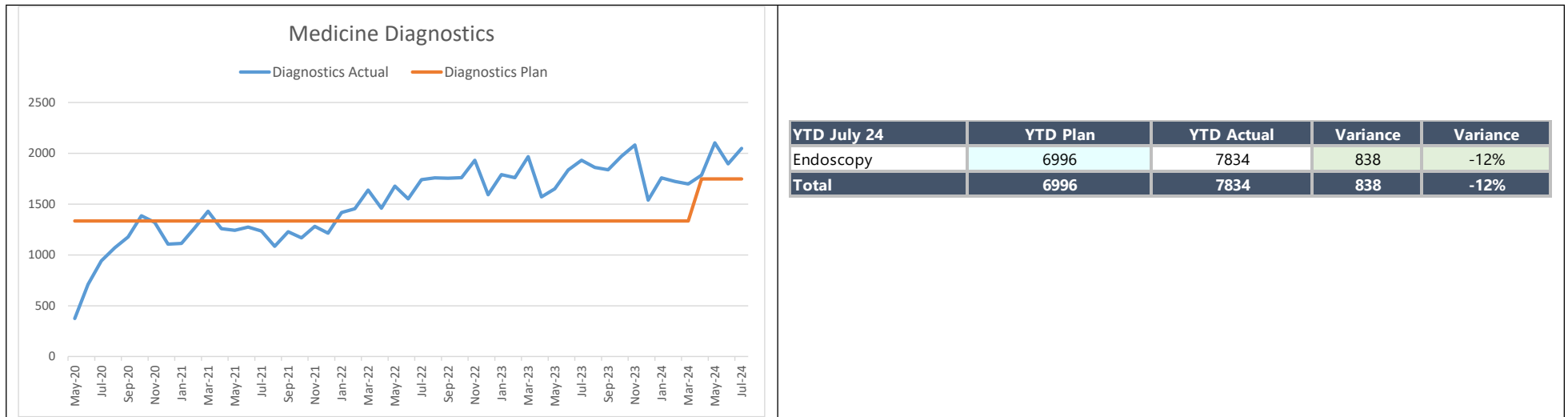
- Outpatient activity for July '24 was 7,427 (June '24: 5,969. 2023/24 total: 71,165, 22/23 total: 65,873, 19/20 total: 75,707)

Planned Outpatients (M04)					Actual Outpatients (M04)					Outpatient Variance (M04)				
Outpatient	Core	Backfill	WLI	Total	Outpatient	Core	Backfill	WLI	Total	Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	1,387	0	0	1,387	N107-Dermatology	1,421	0	0	1,421	N107-Dermatology	34	0	0	34
N147-ENT	499	0	0	499	N147-ENT	709	0	297	1,006	N147-ENT	210	0	297	507
N105-General Surgery	1,905	0	0	1,905	N105-General Surgery	1,901	165	0	2,066	N105-General Surgery	(4)	165	0	161
N146-Oral Surgery	249	0	0	249	N146-Oral Surgery	412	0	36	448	N146-Oral Surgery	163	0	36	199
N148-Ophthalmology	611	0	0	611	N148-Ophthalmology	681	7	0	688	N148-Ophthalmology	70	7	0	77
N108-Rheumatology	218	0	0	218	N108-Rheumatology	189	0	0	189	N108-Rheumatology	(29)	0	0	(29)
N115-Trauma & Orthopaedics	603	0	0	603	N115-Trauma & Orthopaedics	1,048	0	0	1,048	N115-Trauma & Orthopaedics	445	0	0	445
N106-Urology	514	0	0	514	N106-Urology	557	0	4	561	N106-Urology	43	0	4	47
Total	5,987	0	0	5,987	Total	6,918	172	337	7,427	Total	931	172	337	1,440

Medicine Outpatients activity for July '24 was 1,871 (June '24: 1,831, 2023/24: 22,708 2022/23: 19,258):

Jul-24				Jul-24				
	Assumed monthly activity	Actual activity	Variance	YTD Jul-24	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	442	-33	Gastroenterology	1900	1657	-243	13%
Cardiology	430	303	-127	Cardiology	1720	1437	-283	16%
Respiratory (inc Sleep)	455	461	6	Respiratory (inc Sleep)	1820	1630	-190	10%
Neurology	257	298	41	Neurology	1028	1176	148	-14%
Endocrinology	186	128	-58	Endocrinology	744	581	-163	22%
Geriatric Medicine	313	239	-74	Geriatric Medicine	1252	956	-296	24%
Total	2116	1871	-245	Total	8464	7437	-1027	12%

Medicine Diagnostics activity for July '24 was 2,049 (June '24: 1,897, 2023/24: 21,466, 2022/23: 36,246):



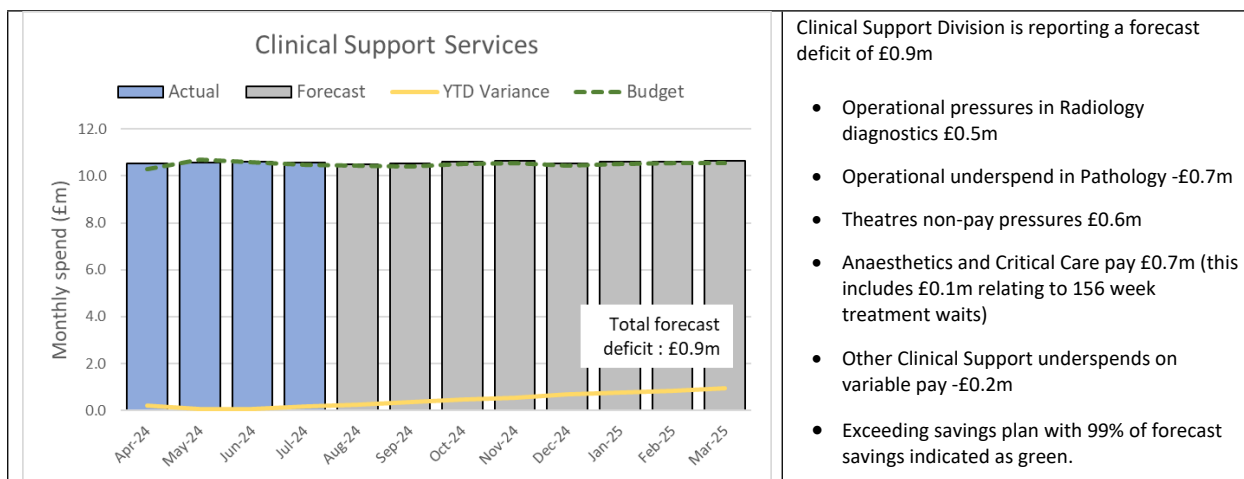
RAG rating category definitions

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

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

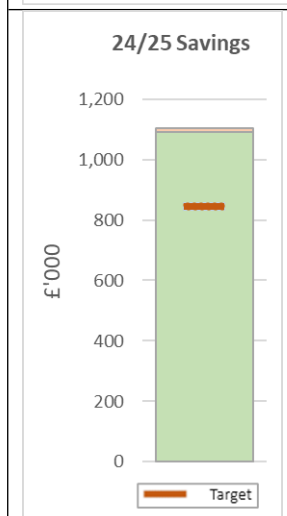
The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Clinical Support Services



Clinical Support Division is reporting a forecast deficit of £0.9m

- Operational pressures in Radiology diagnostics £0.5m
- Operational underspend in Pathology -£0.7m
- Theatres non-pay pressures £0.6m
- Anaesthetics and Critical Care pay £0.7m (this includes £0.1m relating to 156 week treatment waits)
- Other Clinical Support underspends on variable pay -£0.2m
- Exceeding savings plan with 99% of forecast savings indicated as green.

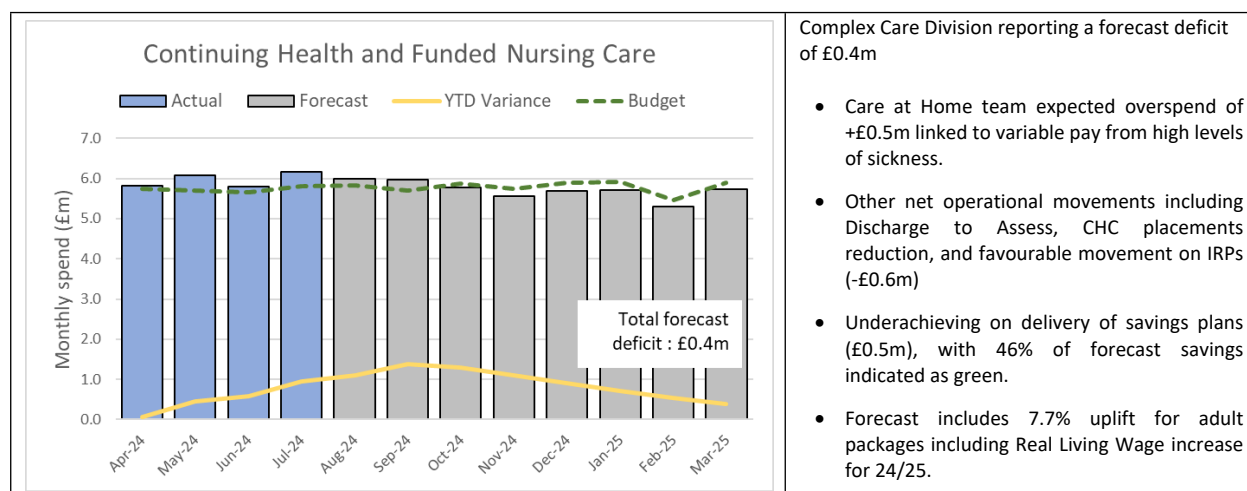


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	1	£0	£3	£3	£0	£8	£8
Procurement & Non-pay	13	£131	£312	£181	£493	£758	£264
Workforce	2	£14	£58	£45	£353	£338	-£15
Total	16	£145	£373	£228	£846	£1,103	£257

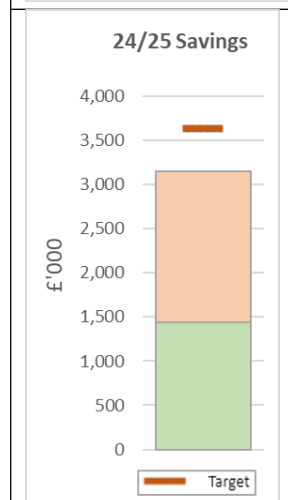
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Administration & Clerical review	R	Month 1	Green	38	123	158	35
CSS-02	Pathology - repatriation of tests	R	Month 1	Green	2	43	21	(22)
CSS-03	PFI saving (Llanwenarth suite)	R	Month 1	Green	100	300	300	0
CSS-04	Theatre Efficiencies	R	Month 1	Green	20	230	180	(50)
CSS-05	FIT Testing (Novation into Siemens Managed Service cont)	R	In Year	Green	6	0	29	29
CSS-06	Decommissioning NovaView Service & Maintenance	R	In Year	Green	6	0	19	19
CSS-07	Quantiliser Maintenance	NR	In Year	Green	2	0	5	5
CSS-08	Urine Collection Tubes	R	In Year	Green	3	0	10	10
CSS-10	Fuji - Equipment Inventory Review	R	In Year	Amber	0	0	7	7
CSS-11	MIU General Room - RGH - Decommissioned	R	In Year	Amber	0	0	3	3
CSS-12	MIU General Room - RGH - Replacement	NR	In Year	Amber	0	0	4	4
CSS-13	Drugs - Sevoflourane	R	In Year	Green	3	0	8	8
CSS-14	Maintenance Contracts (Theatres, Radiology, Pathology)	NR	In Year	Green	166	0	166	166
CSS-15	Price Reduction in Ethicon suturing materials (Theatres)	NR	In Year	Green	6	0	50	50
OPPS2-01	WHSSC Liver	R	Month 1	Green	13	116	116	0
OPPS2-02	Additional Savings Targets - Pathology NR maintenance sa	R	Month 1	Green	8	34	28	(7)
					373	846	1,103	257

Divisional analysis – Complex Care



Complex Care Division reporting a forecast deficit of £0.4m

- Care at Home team expected overspend of +£0.5m linked to variable pay from high levels of sickness.
- Other net operational movements including Discharge to Assess, CHC placements reduction, and favourable movement on IRPs (-£0.6m)
- Underachieving on delivery of savings plans (£0.5m), with 46% of forecast savings indicated as green.
- Forecast includes 7.7% uplift for adult packages including Real Living Wage increase for 24/25.

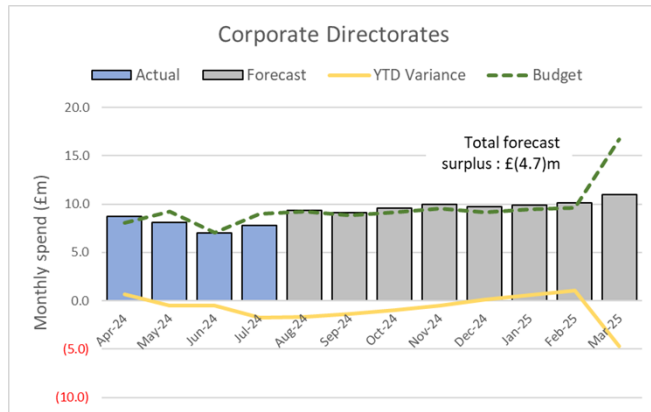


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	11	£263	£180	-£83	£3,593	£3,103	-£490
Workforce	1	£13	£13	£0	£40	£40	£0
Total	12	£276	£193	-£83	£3,633	£3,143	-£490

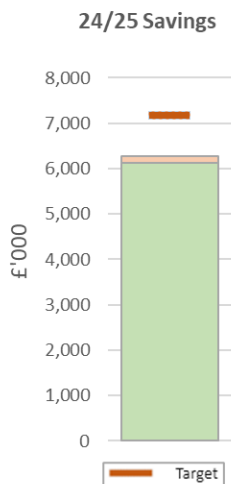
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Contract Adjustments - hospital admissions and days after	R	Month 1	Amber	0	314	157	(157)
CHC-02	Removal of CHC Premium for Gwent Care Homes with one	R	Month 1	Amber	0	179	90	(90)
CHC-03	23/24 staff vacancies - no further recruitment	R	Month 1	Green	13	40	40	0
CHC-04	Deputyship SLA	R	Month 1	Red	0	35	0	(35)
CHC-05	Cwmgelli Enhanced Care contract	R	Month 1	Green	11	33	28	(6)
CHC-06	Travel (Mileage rate reduction of 5p)	R	Month 1	Green	4	12	12	0
CHC-07	CHC - Adult reviews	NR	Month 1	Amber	0	1,440	1,440	0
CHC-08	Reduction in hospital payments for independent providers	R	Month 1	Red	0	203	0	(203)
CHC-09	New Direction Retainer	R	Month 1	Green	21	62	62	0
CHC-10	Administration & Clerical review	R	Month 1	Amber	0	15	15	0
CHC-11	FNC activity reduction schemes	R	Month 1	Green	78	700	700	0
CHC-12	CHC Care at Home and other vacancies	R	Month 1	Green	67	600	600	0
					193	3,633	3,143	(490)

Divisional analysis – Corporate



Corporate Directorates reporting a forecast surplus of (£4.7m)

- COO budget realignment across the following Divisions for further review over the coming months (£2.4m):
 - Primary Care (£0.5m) Dental/GMS
 - Mental Health (£1m) CHC
 - Clinical Support +£0.75m Mobile MRI
 - Urgent Care (£0.15m) e-Triage
 - Families & Therapies (£1m) CHC/CAAT/MSK
 - Estates & Facilities (£0.5m) WRP/Other
- Chief Executive and Director of Finance forecast underspends due to vacancies, VAT income and slippage on spend (£2.3m)
- Forecast savings for Inter-site transport reduced by £0.3m in month 4.
- Underachieving on delivery of savings plans currently offset by operational benefits. Of total forecast savings, 98% indicated as green.



Savings summary (£'000)

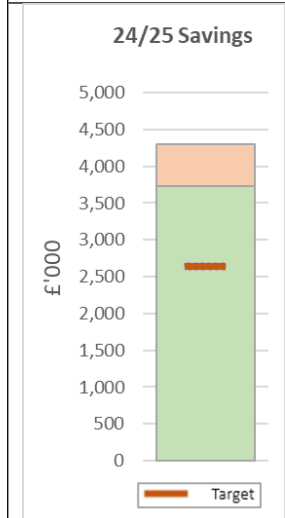
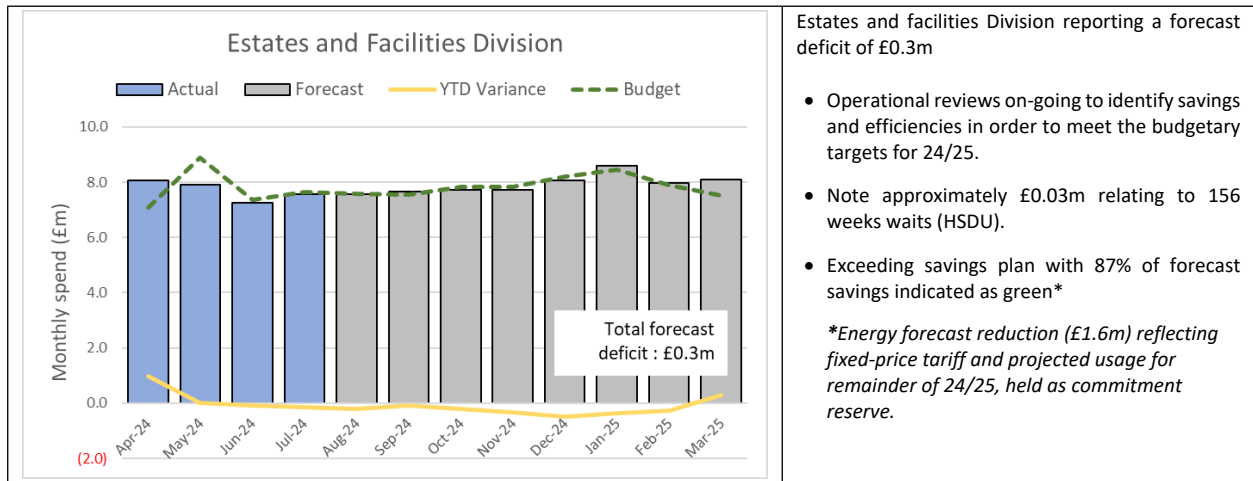
Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	10	£655	£951	£296	£3,767	£3,145	−£622
Service Redesign	2	£204	£173	−£32	£1,600	£1,146	−£455
Workforce	15	£499	£896	£397	£1,796	£1,981	£184
Total	27	£1,358	£2,019	£661	£7,164	£6,271	−£893

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CEO-01	Administration & Clerical review	R	Month 1	Green	6	53	52	(1)
COO-01	Administration & Clerical review	R	Month 1	Green	3	20	17	(3)
CORP-01	Generic CIP - Pay	R	Month 1	Green	9	53	44	(9)
CORP-02	Generic - Non-pay	NR	Month 1	Green	4	15	14	(1)
CORP-03	Hybrid mail	R	Month 1	Green	73	300	180	(120)
CORP-04	Intersite transport	R	Month 1	Green	99	1,300	966	(334)
CORP-05	Healthcare Pathways	R	Month 1	Red	0	120	0	(120)
CORP-06	Health Protection - Caerleon House	R	Month 1	Amber	0	273	150	(123)
CORP-07	Health Protection - Newport	R	Month 1	Green	73	220	220	0
CORP-08	Health Protection - LA / TTP	R	Month 1	Green	178	534	534	0
CORP-09	Health Protection - Microbiology	R	Month 1	Green	97	291	291	0
CORP-10	VAT income / over-recovery	NR	Month 1	Green	145	300	345	45

Corporate savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-11	Finance administration savings	R	Month 1	Green	54	161	161	0
DIG-02	Administration & Clerical review	R	Month 1	Green	494	319	596	277
FIN-03	Administration & Clerical review	R	Month 1	Green	46	139	139	0
GOV-01	Administration & Clerical review	R	Month 1	Green	2	19	20	1
MEDR-01	Administration & Clerical review	R	Month 1	Green	10	59	49	(10)
NUR-01	Administration & Clerical review	R	Month 1	Green	9	53	44	(9)
PLA-01	Administration & Clerical review	R	Month 1	Green	27	68	81	13
THE-01	Administration & Clerical review	R	Month 1	Green	3	19	16	(3)
WOD-01	Administration & Clerical review	R	Month 1	Green	103	122	171	49
CORP-13	Litigation cost reductions	R	Month 1	Green	43	385	385	0
CORP-14	Other specific funding benefits	NR	Month 1	Green	33	300	300	0
CORP-15	Recovery of agency fees	NR	Month 1	Green	134	700	812	112
OPPS2-03	WRP	R	Month 1	Green	335	335	335	(0)
OPPS2-04	Further litigation schemes	R	Month 1	Green	39	350	350	0
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	R	Month 1	Red	0	655	0	(655)
					2,019	7,164	6,271	(893)

Divisional analysis – Estates & Facilities

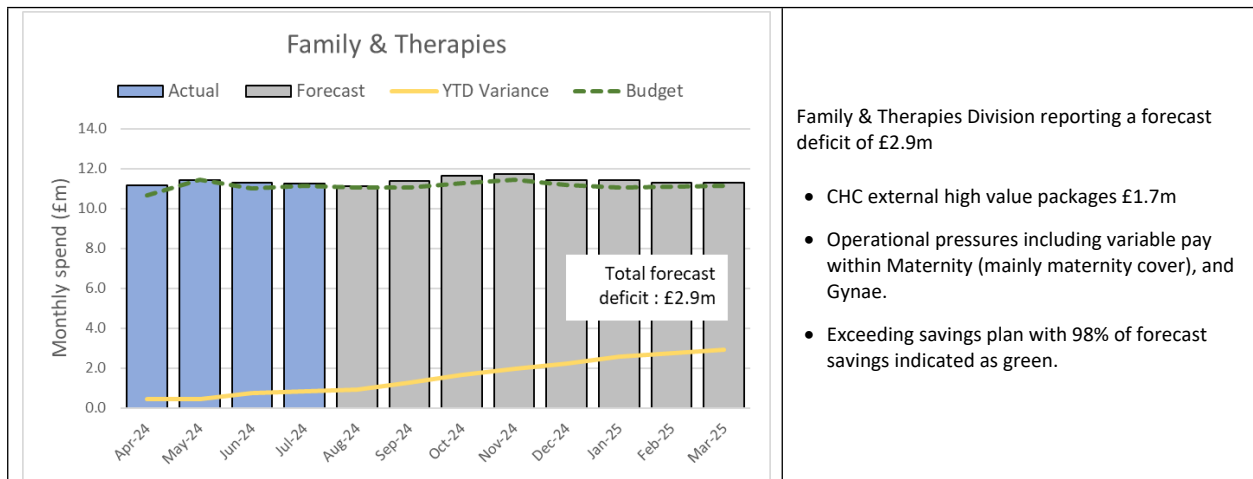


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	9	£391	£656	£264	£2,026	£3,683	£1,657
Workforce	2	£94	£174	£81	£614	£614	£0
Total	11	£485	£830	£345	£2,640	£4,297	£1,657

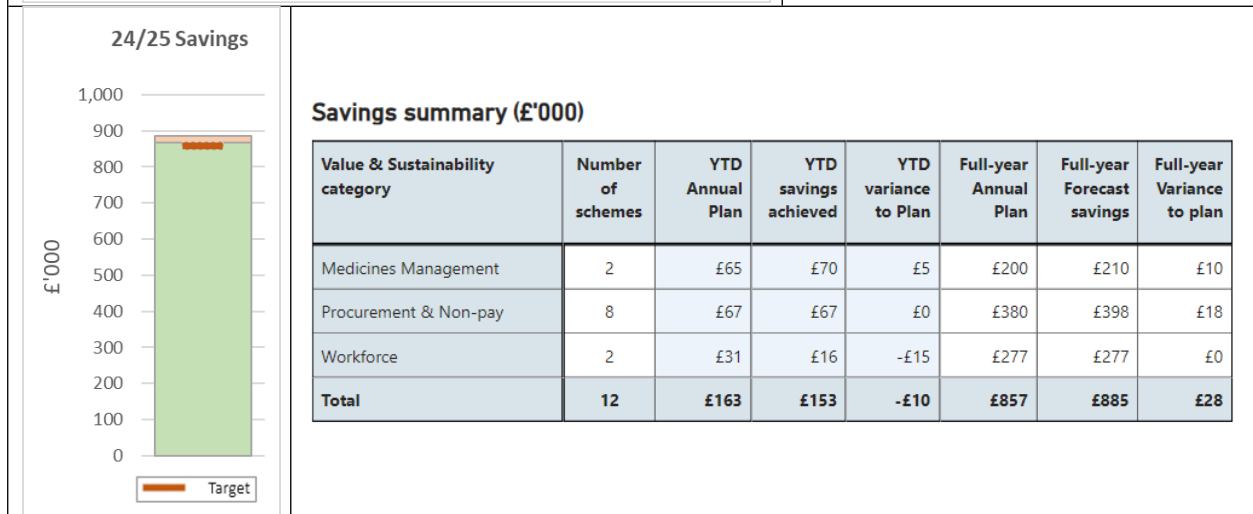
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
EF-01	Window Cleaning Capped at 1 clean per year per site	R	Month 1	Green	6	19	19	0
EF-02	Cease Liftshare software	R	Month 1	Green	5	14	14	0
EF-03	COVID A&E Portacabin	R	Month 1	Green	105	316	316	0
EF-04	Administration & Clerical review	R	Month 1	Green	38	114	114	0
EF-05	Discharge Lounge Portacabin	R	Month 1	Green	21	62	62	0
EF-06	NWSP Energy Saving	NR	In Year	Green	184	0	1,657	1,657
OPPS2-06a	Rates Rebates - Newport Sites	NR	Month 1	Green	220	930	930	(0)
OPPS2-06b	Rates Rebates - NHH	NR	Month 1	Amber	0	70	70	0
OPPS2-07	Enhanced Cleaning	R	Month 1	Green	136	500	500	0
OPPS2-08	Bed contract	R	Month 1	Amber	0	500	500	0
OPPS2-09	WRP	R	Month 1	Green	115	115	115	0
					830	2,640	4,297	1,657

Divisional analysis – Family & Therapies



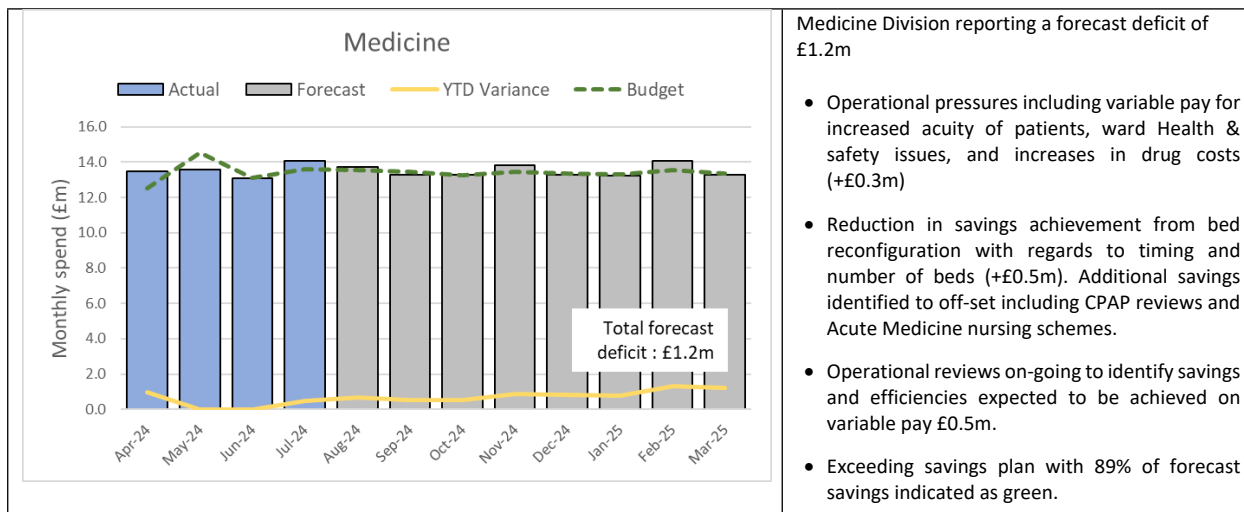
Family & Therapies Division reporting a forecast deficit of £2.9m

- CHC external high value packages £1.7m
- Operational pressures including variable pay within Maternity (mainly maternity cover), and Gynae.
- Exceeding savings plan with 98% of forecast savings indicated as green.



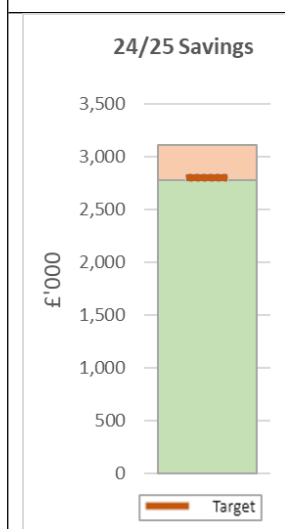
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Maternity - Easy Pay Kiosk Additional Income (Ultrasound)	R	Month 1	Green	6	50	50	0
F&T-02	TRUCLEAR - Replacing Myosure consumables	R	Month 1	Green	20	177	177	0
F&T-03	Konica Photocopier / Printer Review	R	Month 1	Green	4	40	40	0
F&T-04	Reduction in Mileage by 5p per mile	R	Month 1	Green	18	53	53	0
F&T-05	Reduction in Variable pay	R	Month 1	Green	4	34	34	0
F&T-06	SRH - Billing C&V for MIV drug costs for C&V patients treat	R	Month 1	Green	66	200	199	(1)
F&T-07	Medtronic pump & Sensor All Wales procurement savings	R	Month 1	Green	20	60	60	0
F&T-08	Administration & Clerical review	R	Month 1	Green	12	243	243	0
F&T-09	HIV - Dovato Switches	R	In Year	Green	4	0	11	11
F&T-10	Switching to SOL Gases	R	In Year	Amber	0	0	8	8
F&T-11	Enteral Feeding tubes	R	In Year	Amber	0	0	8	8
F&T-12	CTG Wallets	R	In Year	Amber	0	0	2	2
					153	857	885	28

Divisional analysis – Medicine



Medicine Division reporting a forecast deficit of £1.2m

- Operational pressures including variable pay for increased acuity of patients, ward Health & safety issues, and increases in drug costs (+£0.3m)
- Reduction in savings achievement from bed reconfiguration with regards to timing and number of beds (+£0.5m). Additional savings identified to off-set including CPAP reviews and Acute Medicine nursing schemes.
- Operational reviews on-going to identify savings and efficiencies expected to be achieved on variable pay £0.5m.
- Exceeding savings plan with 89% of forecast savings indicated as green.



Savings summary (£'000)

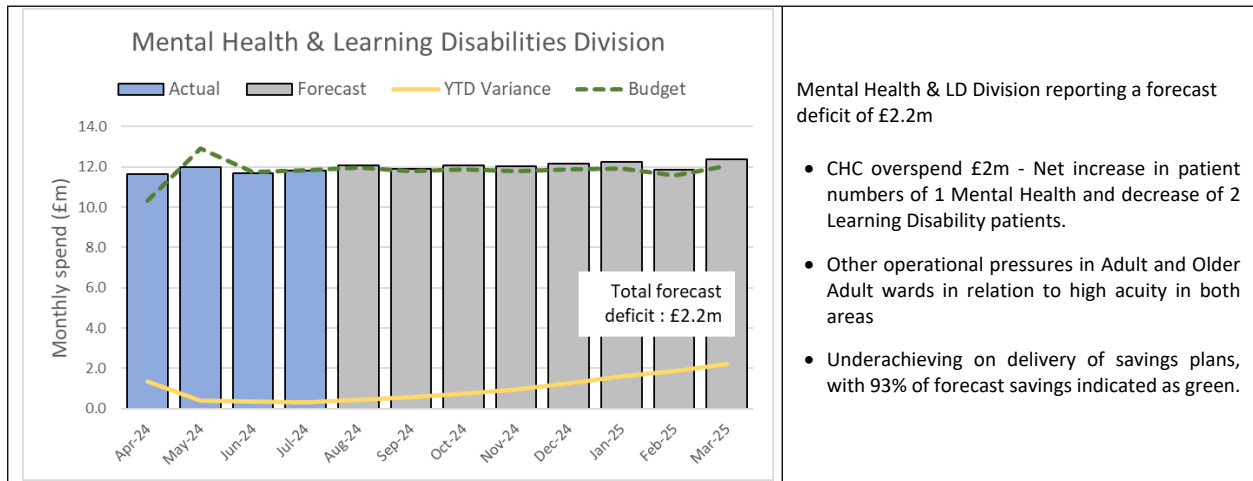
Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	2	£0	£23	£23	£1	£223	£222
Procurement & Non-pay	11	£32	£110	£78	£42	£401	£360
Service Redesign	2	£0	£0	£0	£870	£264	-£606
Workforce	7	£544	£599	£55	£1,889	£2,223	£334
Total	22	£576	£732	£156	£2,801	£3,111	£310

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-01	Medicines Management review across Directorates. Horiz	NR	Month 1	Green	23	1	91	90
Med-02	Reconfiguration of beds across 3 wards with the net reduc	R	Month 1	Green	574	1,558	1,694	137
Med-03	No backfill for 0.40 band 7 sleep nurse wef	R	Month 1	Green	8	24	24	0
Med-04	Procurement of Medtronic pumps at reduced rate for a se	NR	Month 1	Green	17	27	17	(10)
Med-05	Reduced catalogue price for Medtronic sensors	NR	Month 1	Green	25	15	74	59
Med-06	Reconfiguration of beds Medicine	R	Month 1	Amber	0	750	264	(486)
Med-07	Administration & Clerical review	R	Month 1	Red	0	158	0	(158)
Med-08	Cardiology backfill sessions	R	Month 1	Red	0	120	0	(120)
Med-09	Cardiology insourcing below plan	R	Month 1	Green	17	150	150	0
Med-10	Reduced catalogue price for Dexcom pumps and consuma	NR	In Year	Green	26	0	97	97

Medicine savings schemes continued...

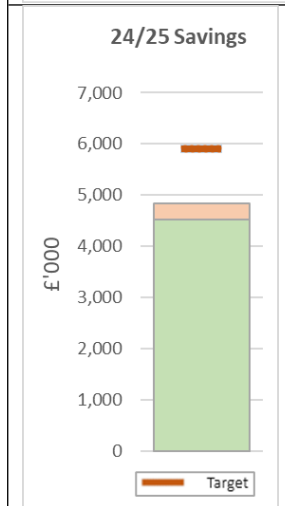
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-15	Natalizumab - contract change	NR	In Year	Green	0	0	132	132
Med-17	Medical Rota - IMT Doctors (1 in 16 to 1 in 22 on call rota)	R	In Year	Amber	0	0	70	70
Med-18	Respiratory CPAP purchase	NR	In Year	Green	9	0	80	80
Med-19	Gastroenterology Switch in product type Polyp Trap	R	In Year	Green	0	0	1	1
Med-20	Cardiology Reduction in Echo Insourcing reliance	R	In Year	Green	0	0	30	30
Med-21	Cardiology Recruitment Slippage CR/HF Hub	NR	In Year	Green	0	0	45	45
Med-22	Gastroenterology Consent forms - Cessation of leaflet	R	In Year	Green	4	0	11	11
Med-23	Respiratory CPAP Mask Renewals	R	In Year	Green	20	0	60	60
Med-24	Respiratory CPAP Mask new set ups	R	In Year	Green	7	0	20	20
Med-25	Cardiology Mini comp tender Stents (Cath Lab)	R	In Year	Green	0	0	9	9
Med-29	Acute Medicine Substantiate RNs in Line with Rosters	R	In Year	Green	0	0	240	240
Med-30	Diabetes Insulet Rebate	NR	In Year	Green	3	0	3	3
					732	2,801	3,111	310

Divisional analysis – Mental Health and Learning Disabilities



Mental Health & LD Division reporting a forecast deficit of £2.2m

- CHC overspend £2m - Net increase in patient numbers of 1 Mental Health and decrease of 2 Learning Disability patients.
- Other operational pressures in Adult and Older Adult wards in relation to high acuity in both areas
- Underachieving on delivery of savings plans, with 93% of forecast savings indicated as green.

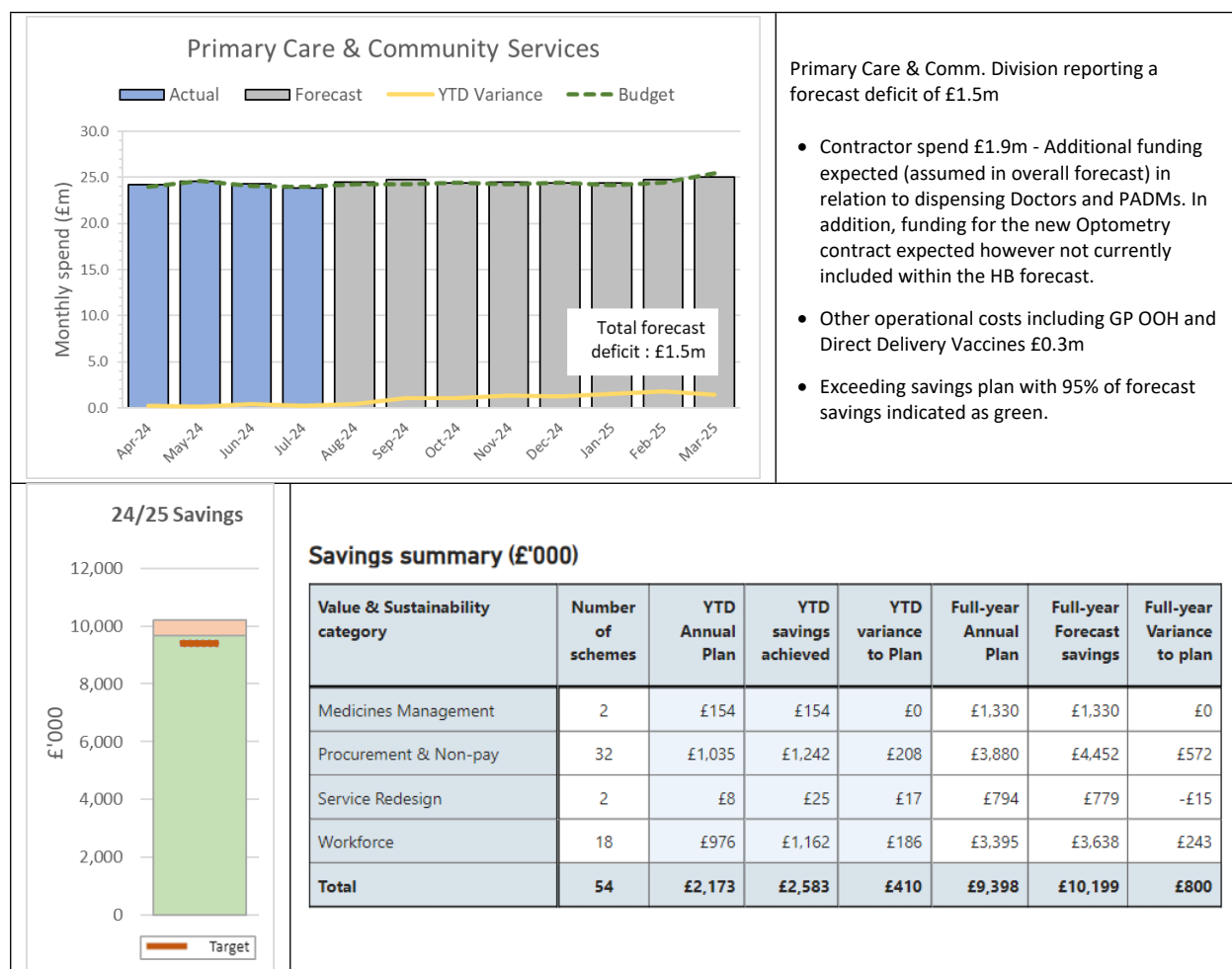


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	3	£556	£383	−£173	£4,850	£3,850	−£1,000
Procurement & Non-pay	1	£11	£0	−£11	£103	£34	−£69
Workforce	7	£248	£215	−£33	£953	£953	£0
Total	11	£816	£598	−£218	£5,906	£4,838	−£1,068

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MH-01	Reduction in variable pay agency premium B2 HCSW	R	Month 1	Green	88	192	192	0
MH-02	Ty Lafant ward LD reduction to VP	R	Month 1	Green	86	199	199	0
MH-03	Mitchell Close	R	Month 1	Amber	0	103	34	(69)
MH-04	Medical Agency Reduction	R	Month 1	Amber	0	169	169	0
MH-05	Reduction in PHP Leadership PHPs	R	Month 1	Green	18	54	54	0
MH-06	MH&LD CHC reduction	R	Month 1	Green	316	3,250	3,250	0
MH-07	Administration & Clerical review	R	Month 1	Amber	0	140	115	(25)
MH-07a	Administration & Clerical review	NR	In Year	Green	0	0	25	25
MH-08	MH&LD CHC further reductions	R	Month 1	Green	67	600	600	0
MH-09	MH&LD variable pay schemes	R	Month 1	Green	22	200	200	0
OPPS2-10	West Sussex	NR	Month 1	Red	0	1,000	0	(1,000)
					598	5,906	4,838	(1,068)

Divisional analysis – Primary Care and Community



Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Managed practices to independant status from 01/04/24	R	Month 1	Green	643	1,928	1,928	0
PCC-03	Revise Academy Offer	NR	Month 1	Green	142	426	426	0
PCC-04	Stoma Team Phase 2	NR	Month 1	Green	50	149	149	0
PCC-05	NHS wales reduction in enhanced mileage rate	R	Month 1	Green	20	60	60	0
PCC-06	Reduction in Medication/NonPay stock - Reduction in Drugs moving STW to RGH by using omniceII cabinets and bed side lockers, opportunity to introduce across other sites for bigger savings if found beneficial	R	Month 1	Green	10	30	30	0
PCC-07	Pharmacy Closures - Benefits within various fees & services (mainly establishment fee). Four community pharmacies due to close by April 24 along with one additional pharmacy following this. Saving of £35k each in the year though this would be a one-off saving	NR	Month 1	Green	58	175	175	0
PCC-08	Staffing - Current B5 post holder reduction in hours	R	Month 1	Green	1	10	10	(0)
PCC-09	Staffing - Review of nursing rota and opportunities to decrease specialist nurse rate	R	Month 1	Green	1	5	5	0
PCC-10	Staffing - Currently have one agency GP, bring this person on substantive contract so cost of fees removed	R	Month 1	Amber	0	10	10	(1)

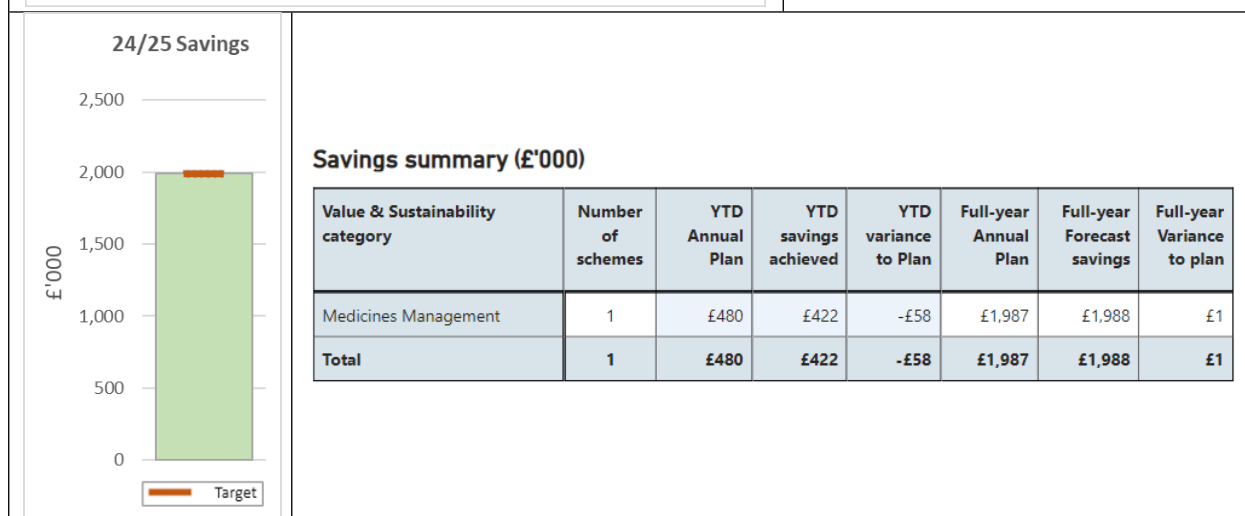
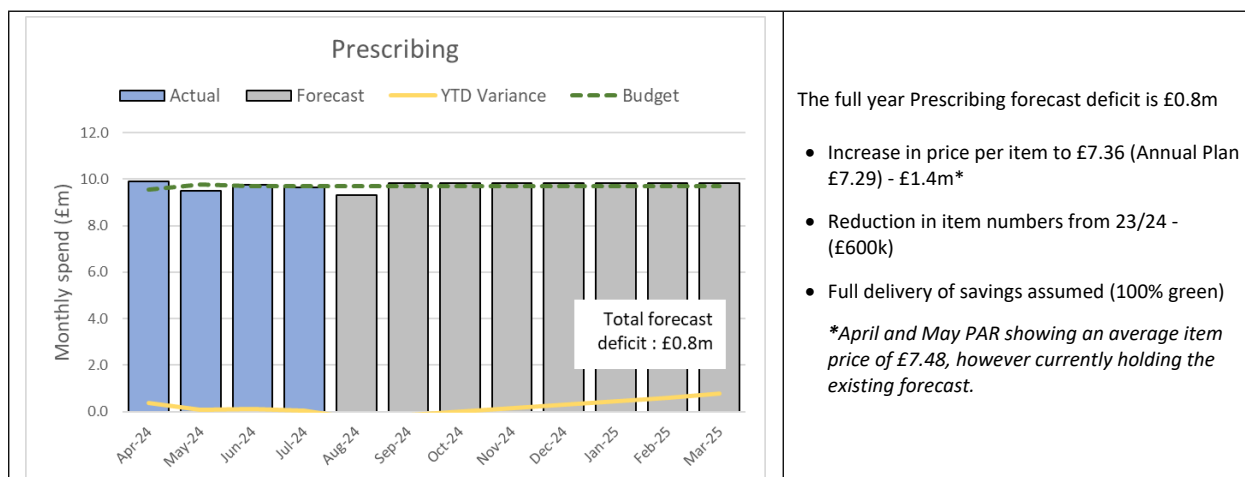
Primary Care & Community savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-11	Reduction in Chepstow beds - 2 - Reducing 2 beds within Cas Gwent ward	R	Month 1	Green	23	204	204	(0)
PCC-12	E-rostering scrutiny and efficiency. Adopting additional scrutiny, process transparency and further/refresh	R	Month 1	Green	3	10	10	0
PCC-13	Staffing structure review -Remove 8a role from structure	R	Month 1	Green	20	65	56	(8)
PCC-14	Redeployment of Business Administrator - Redeployment of B3 administrator following end of	R	Month 1	Green	9	28	28	0
PCC-15	Business Intelligence / Data Analyst - If Data Analyst / Business Partner model continues to be provided by Information Services (current agreed via ACD/SPPC) there will be less requirement to backfill vacancy for a dedicated band 6 performance manager. Workplan/commitment needed from Corporate Information to reassure that work will be progressed on Division's behalf. May necessitate permanent recruitment of B6 business manager from within current structure, thereby releasing a band 5 role.	R	Month 1	Green	15	44	44	(0)
PCC-16	Review Management structure	R	Month 1	Green	25	76	66	(10)
PCC-17	Review Admin Structure	R	Month 1	Amber	0	32	27	(5)
PCC-18	Review Professional structure	R	Month 1	Amber	0	76	76	0
PCC-19	Removal of vacant part time physio post	R	Month 1	Green	6	18	18	0
PCC-20	111 funding redistribution - Explore the opportunity for 111 funding to be redistributed based on previous years slippage / change of PDT process front end 111.	NR	Month 1	Amber	0	215	215	0
PCC-21	Non pay other - Look at opportunities including prescribing, Opex and Wireless Logic	R	Month 1	Amber	0	10	10	0
PCC-22	Non pay premises rent - Explore accommodation opportunities. Currently UPC/GP OOH pick up costs for	R	Month 1	Red	0	30	0	(30)
PCC-23	Non-Pay reduction	R	Month 1	Green	7	22	22	0
PCC-24	Non-Pay reduction	R	Month 1	Green	2	10	10	0
PCC-25	Non-Pay reduction	R	Month 1	Green	4	10	10	0
PCC-26	Non-Pay reduction	R	Month 1	Green	2	10	10	0
PCC-27	Stock - Bring stock values in to balance sheet	NR	Month 1	Amber	0	66	66	0
PCC-28	Non pay review - Review stock, supplier usage, waste levels and training with a view to securing better prices /	R	Month 1	Green	28	109	109	0
PCC-29	Income opportunities - Increase charges to Llanarth Court to ensure costs are covered. Explore any other	R	Month 1	Green	2	7	7	0
PCC-30	GDS contracts - Review service / number of sessions provided within the GDS contracts for OOHs, Blaenavon	R	Month 1	Green	20	60	60	0
PCC-31	Cessation of Hygiene Waste collection - Cessation of PHS contract and adoption of HB service supplier at saving of	R	Month 1	Green	1	2	2	0
PCC-32	Non Pay - Non Pay spend review to bring into line with budget for 24-25	R	Month 1	Green	5	5	5	0
PCC-33	Chase Project - Removal of this project	R	Month 1	Green	10	10	10	0
PCC-34	License Fees - No Longer needed	R	Month 1	Green	6	6	6	0
PCC-35	Reconfiguration of beds PCCS	R	Month 1	Green	25	750	750	0

Primary Care & Community savings schemes continued...

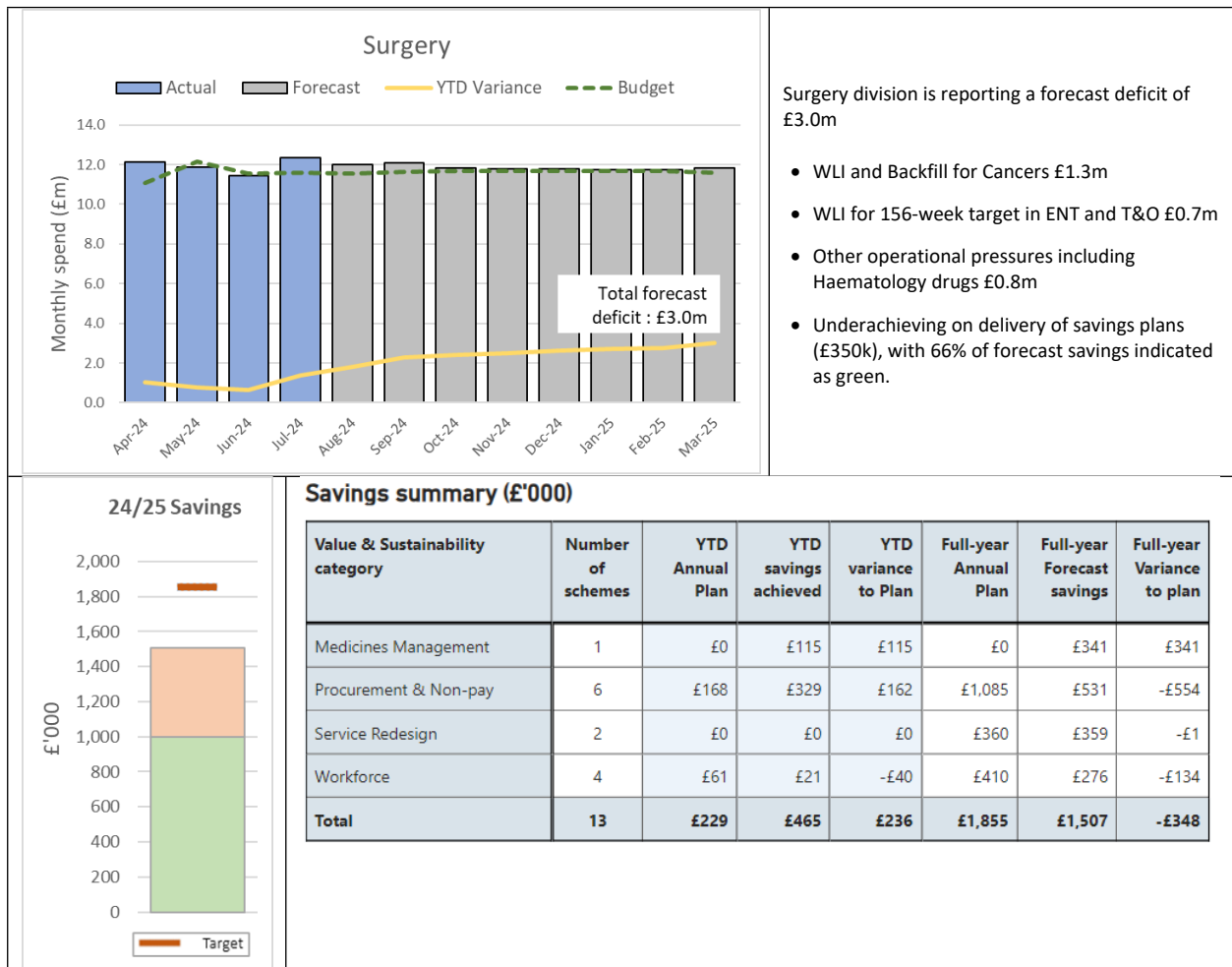
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-36	Glyn Ebbw Closure	R	Month 1	Green	0	44	29	(15)
PCC-37	Staffing Structures in Community Dental Services	R	Month 1	Green	66	100	100	0
PCC-38	Additional clinical sessions LES	R	Month 1	Green	224	673	673	0
PCC-39	Reduction in NCN areas	R	Month 1	Amber	0	30	30	0
PCC-40	Relinquish Comms and Engagement agreement	R	Month 1	Amber	0	30	27	(3)
PCC-41	GDS clawback savings - Corporate assessment	R	Month 1	Green	67	200	200	0
PCC-42	Dental patient charges	R	Month 1	Green	533	1,600	1,600	0
PCC-43	Administration & Clerical review savings (2%)	R	Month 1	Green	58	254	81	(173)
PCC-44	Anti-viral cost mitigation / GP stock	R	Month 1	Red	0	1,300	0	(1,300)
PCC-44a	Anti-viral cost mitigation / GP stock	NR	In Year	Green	144	0	1,300	1,300
PCC-45	Optometry contract reduction	R	Month 1	Green	56	500	500	0
PCC-46	Nurse led Imms Team - under GMS Contract	R	In Year	Green	50	0	202	202
PCC-47	SLAs-Carers Collective Torfaen	NR	In Year	Green	15	0	45	45
PCC-48	SLAs-Carers Collective Monmouth	NR	In Year	Green	8	0	25	25
PCC-49	SLAs-British Red Cross Pan Gwent – Newport Hub	NR	In Year	Amber	0	0	14	14
PCC-50	SLAs-Age Cymru Caerphilly	NR	In Year	Green	5	0	14	14
PCC-51	Llanarth House rates rebate	NR	In Year	Amber	0	0	44	44
PCC-52	Ruperra - RTG Ward - Bed reduction and revised model	R	In Year	Green	147	0	440	440
PCC-53	GMS-HB Improvement Grant funding	NR	In Year	Green	67	0	200	200
PCC-55	SLAs - National Exercise Referral Scheme	NR	In Year	Amber	0	0	12	12
PCC-56	ODTC & WET AMD - Activity cap	NR	In Year	Green	6	0	50	50
					2,583	9,398	10,199	800

Divisional analysis – Prescribing



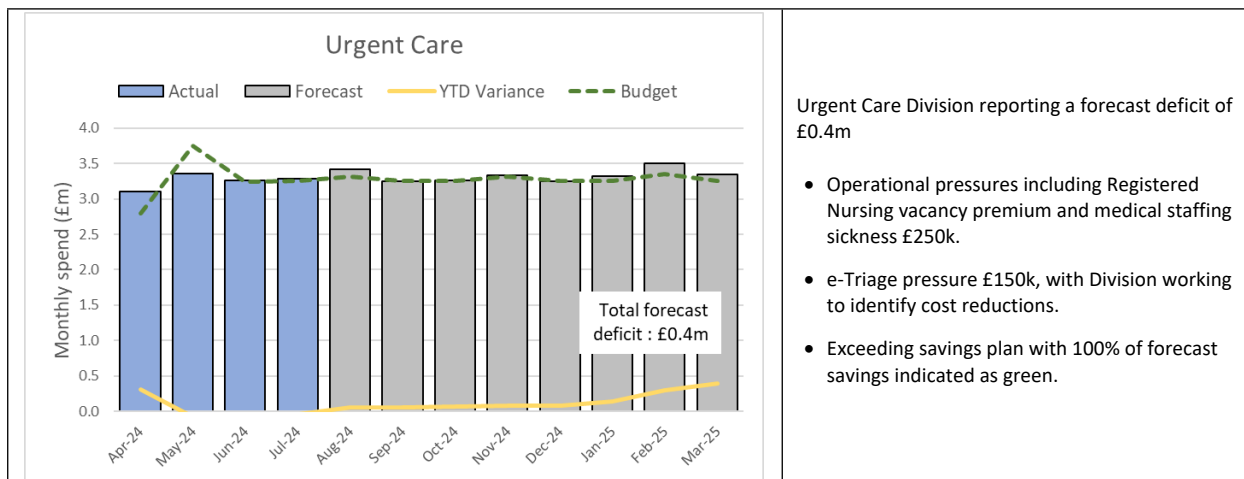
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	Prescribing savings options / opportunities	R	Month 1	Green	422	1,987	1,988	1
					422	1,987	1,988	1

Divisional analysis – Surgery



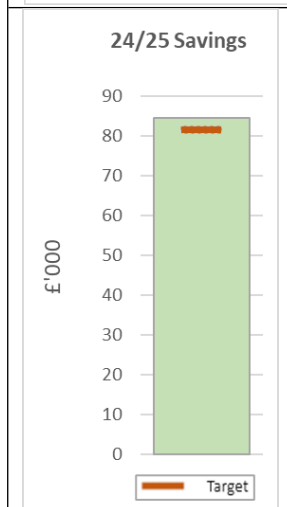
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Ophthalmology Phaco Lenses and Procedure packs	R	Month 1	Green	26	79	79	0
SUR-02	Intensity Banding for On-call	R	Month 1	Amber	0	44	39	(5)
SUR-03	Orthopaedics: Femoral Heads	R	Month 1	Green	15	45	51	6
SUR-04	Orthopaedics: rationalisation of suppliers for hips and kne	R	Month 1	Green	17	50	50	0
SUR-05	Trauma Contract	R	Month 1	Green	20	60	100	40
SUR-06	Bed Day Efficiencies	R	Month 1	Amber	0	205	205	0
SUR-07	Theatre Efficiencies	R	Month 1	Amber	0	155	154	(1)
SUR-08	Reduce Machen Ward Sat - Mon	R	Month 1	Amber	0	179	112	(67)
SUR-10	Administration & Clerical Review	R	Month 1	Green	11	187	34	(153)
SUR-11	National priorities/best value biosimiliars & Haematology	R	In Year	Green	115	0	341	341
SUR-12	Agency reduction with all junior clinical fellow posts now	NR	In Year	Green	10	0	90	90
OPPS2-11	WRP	R	Month 1	Green	251	251	251	(0)
OPPS2-12	Consignment / other M&SE disposables	R	Month 1	Red	0	600	0	(600)
					465	1,855	1,507	(348)

Divisional analysis – Urgent Care



Urgent Care Division reporting a forecast deficit of £0.4m

- Operational pressures including Registered Nursing vacancy premium and medical staffing sickness £250k.
- e-Triage pressure £150k, with Division working to identify cost reductions.
- Exceeding savings plan with 100% of forecast savings indicated as green.

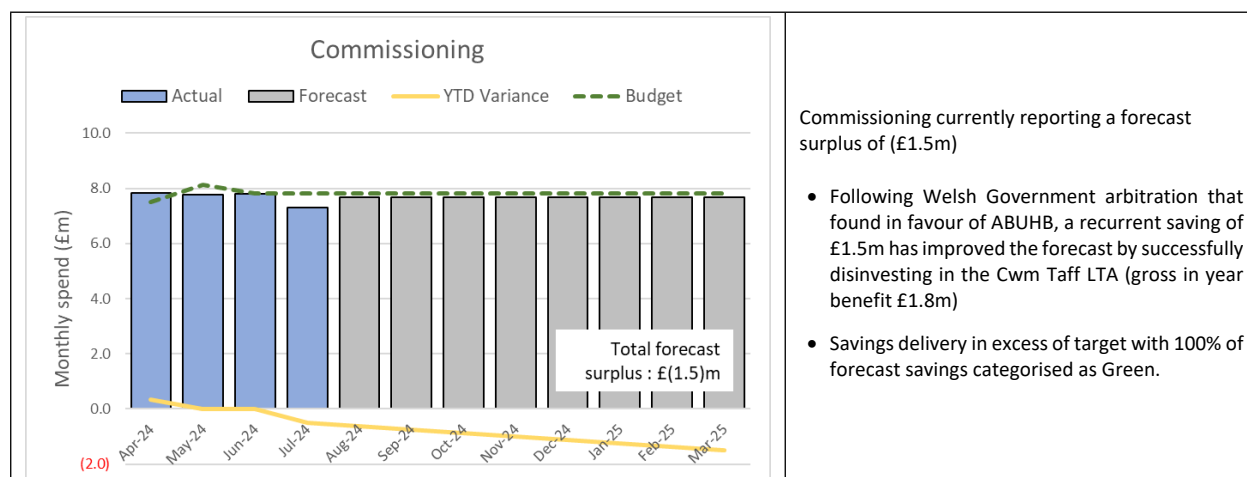


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Workforce	1	£23	£28	£6	£81	£84	£3
Total	1	£23	£28	£6	£81	£84	£3

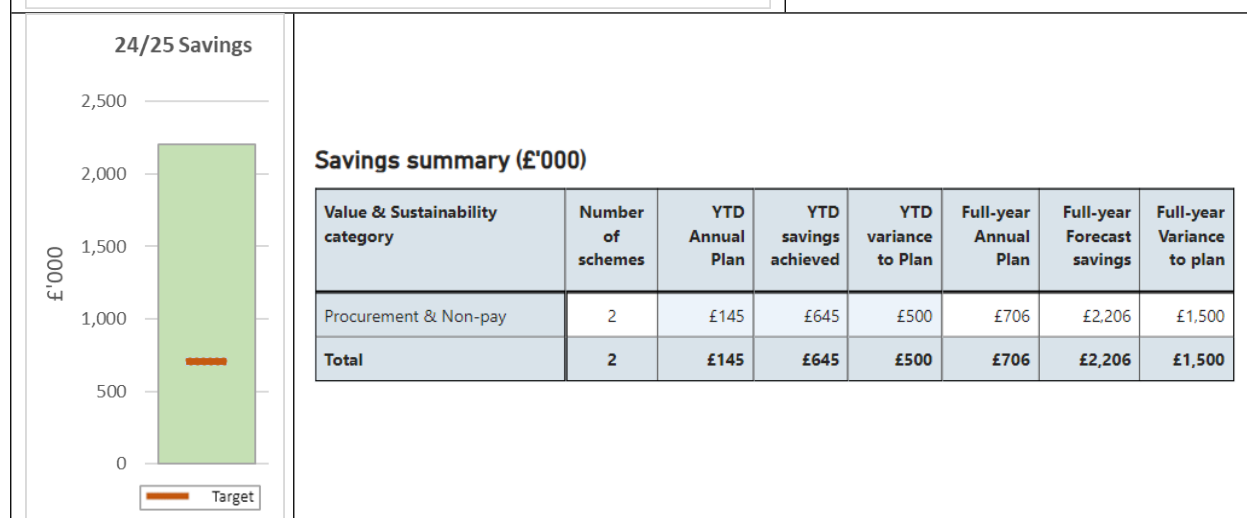
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
URG-01	Administration & Clerical review	R	Month 1	Green	28	81	84	3
					28	81	84	3

Divisional analysis – External Commissioning



Commissioning currently reporting a forecast surplus of (£1.5m)

- Following Welsh Government arbitration that found in favour of ABUHB, a recurrent saving of £1.5m has improved the forecast by successfully disinvesting in the Cwm Taff LTA (gross in year benefit £1.8m)
- Savings delivery in excess of target with 100% of forecast savings categorised as Green.

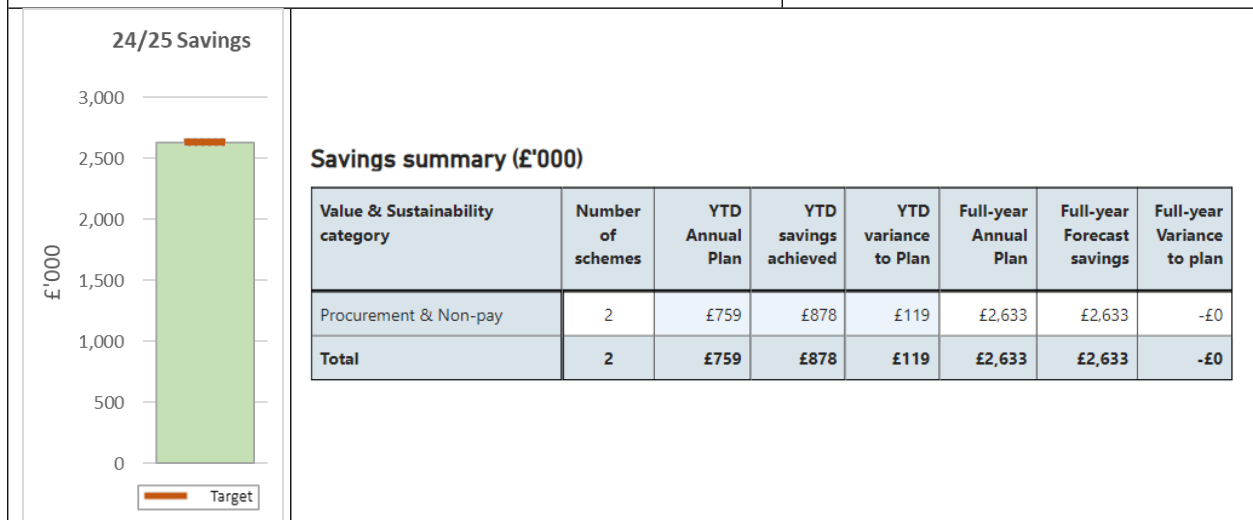
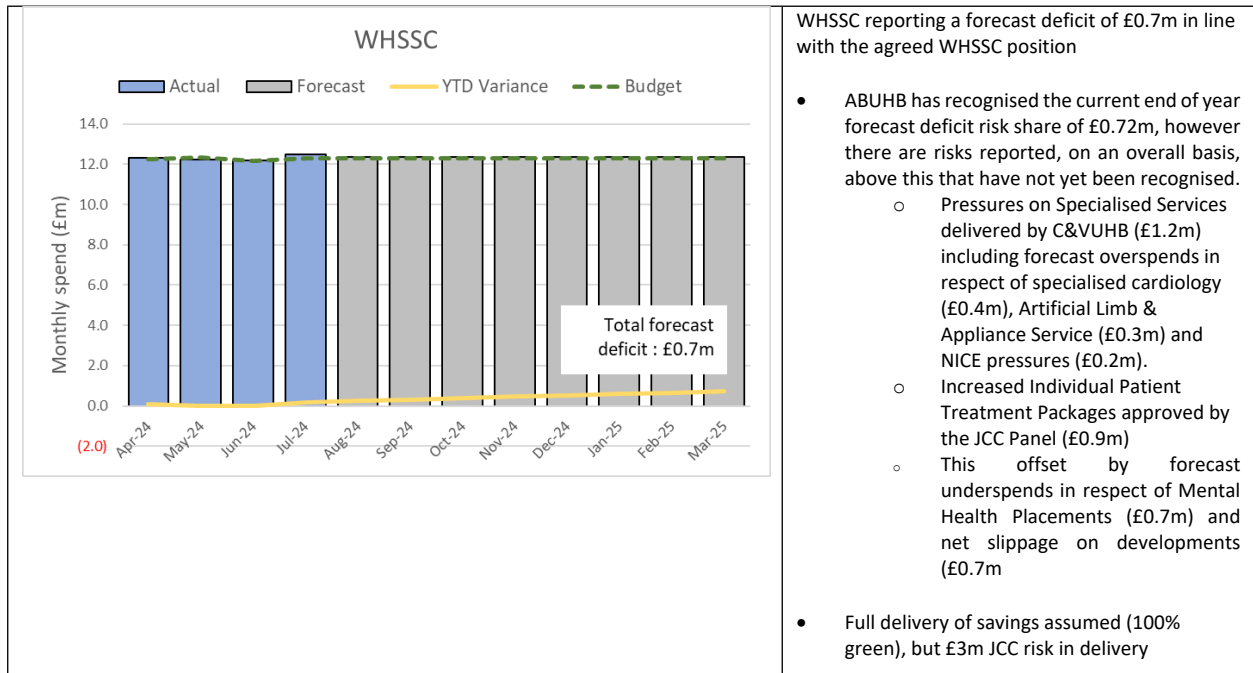


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	2	£145	£645	£500	£706	£2,206	£1,500
Total	2	£145	£645	£500	£706	£2,206	£1,500

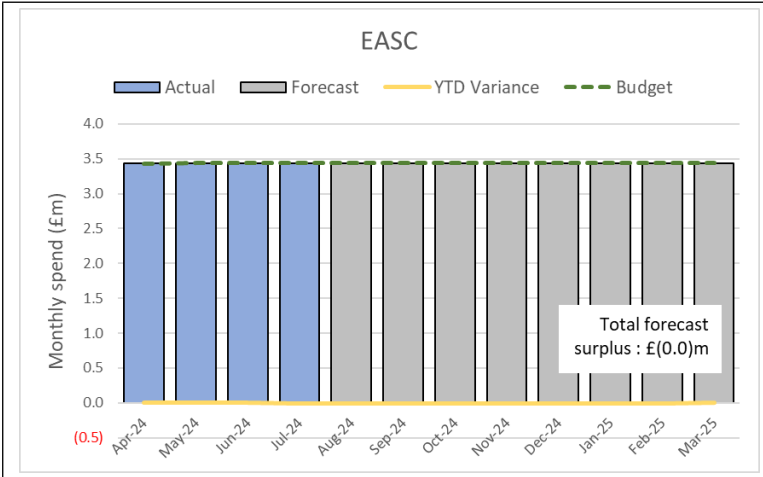
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
COMM-01	Reduction in expenditure for robotic surgery (repat)	R	Month 1	Green	45	406	406	0
COMM-02	LTA reviews	R	Month 1	Green	600	300	1,800	1,500
					645	706	2,206	1,500

Divisional analysis – WHSSC



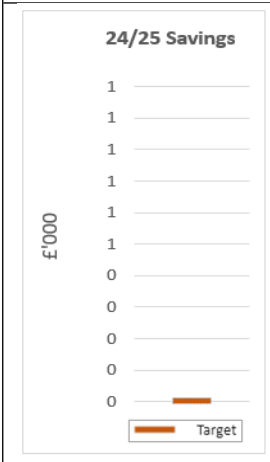
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
WHSSC-01	WHSSC Savings Schemes	R	Month 1	Green	700	2,099	2,099	(0)
WHSSC-02	WHSSC Savings Schemes	R	Month 1	Green	178	534	534	0
					878	2,633	2,633	(0)

Divisional analysis – EASC



EASC currently reporting a balanced position against the plan.

Risk relating to Technician pay re-branding, currently assumed WG funded.



No savings opportunities identified

Reserves

Reserves Delegation:

Following Board budget delegation undertaken in month 2 the reserves position at 31st of July 24 is (£41.437m). This consists of the revised recurrent deficit for 24/25 of £48.859m, specific commitment reserves of £7.359m and items retained to support the deficit position of £0.063m.

The specific commitment reserves include targeted funding to support additional expenditure relating to RTT from August. An Innovation and Development reserve of £2m is being held within reserves of which £0.257m has been delegated for the expansion of the Multiple Sclerosis service, therefore £1.743m is remaining. A further £1.22m is maintained for pass through inflationary costs for other organisations and SLAs.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

7788-COMMITMENTS TO BE DELEGATED

Description	24/25
Innovation and Development Fund	2,000,000
Innovation and Development Fund - RTT	1,000,000
Inflationary pressures reserve	1,220,000
Llanwenarth Suite	359,000
Depreciation (Table 4 Column 1)	54,000
Newport East HWBC (GDS contract increase)	48,000
Newport East HWBC (E&F costs)	66,000
GUH ED Extension	161,000
Prescribing price & volume growth 2024/25	1,800,000
Health inequalities funding (post Budget delegation)	50,000
RIF - Dementia	148,000
RIF - Adult ADHD	453,000
Total Commitments	7,359,000

7501-SUPPORTING FINANCIAL POSITION

Description	24/25
IT Revenue to Capital M01 & M2 24-25	63,031
Total Supporting financial position reserve	63,031

7515-IMTP 23/24 DEFICIT

Description	24/25
23/24 recurrent deficit	(112,848,200)
Underlying deficit	28,800,000
Inflationary uplift (conditional recurrent)	35,700,000
Energy	9,854,000
2024/25 budget-setting	(10,364,387)
Total IMTP 23/24 recurrent deficit	(48,858,587)

Totals (41,436,556)

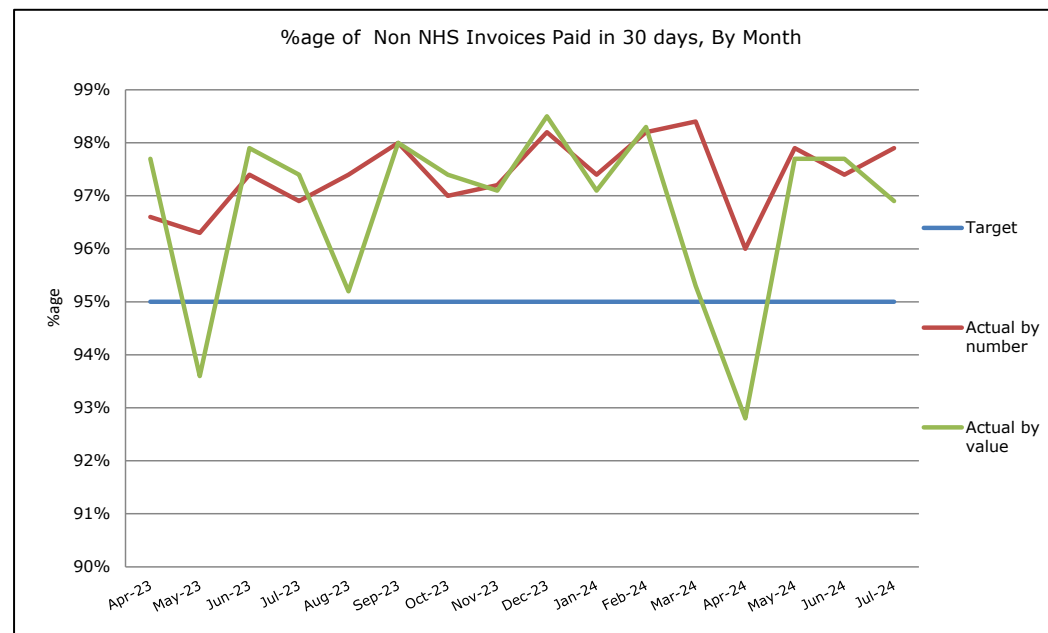
Cash Position

The cash balance at the 31st of July is £5.633m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in July and cumulatively. There has been an increase in the number of NHS invoices paid within 30 days this month but this remains below target level which is currently being investigated.

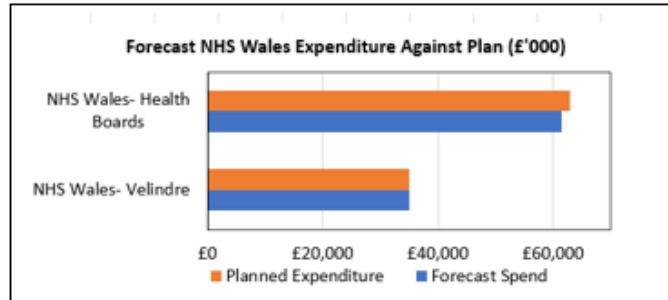
The Health Board performance for the number of NHS creditor invoices paid within 30 days of delivery of goods in July is 90.5% (YTD 92%). NHS Invoices in breach of the 30-day payment terms continue to be followed up with Divisional Managers as necessary.



Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 4 (July) 2024-25

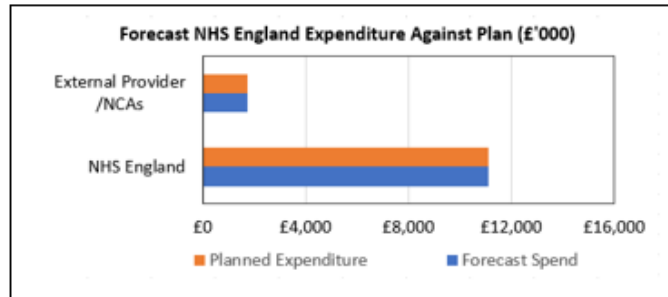
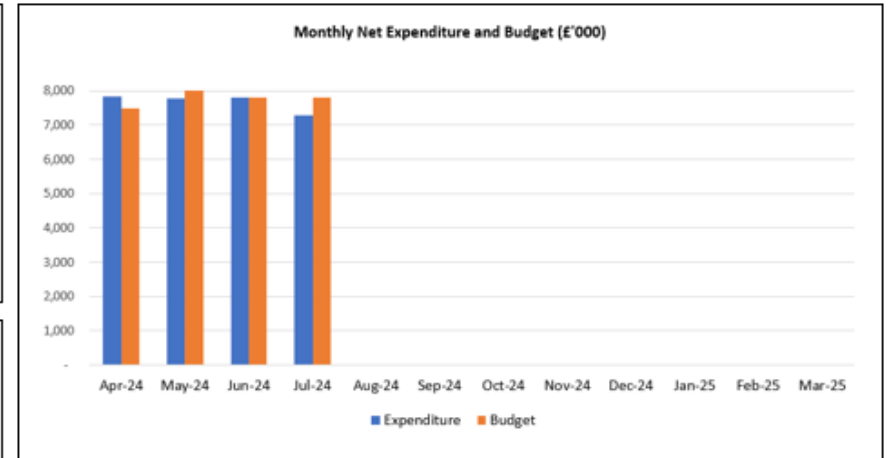
At Month 4 the year to date financial performance for Contracting and Commissioning is £500k underspend against the delegated budget, with a forecast year of £1.5m underspend. The key elements contributing to this position at Month 4 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is forecast to be £1.5m less than plan after the disinvestment from Cwm Taf was supported by Welsh Government.

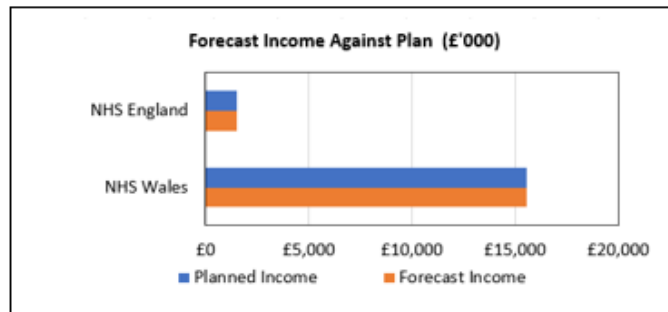
An uplift of 3.67% as per WG guidance was applied to contracts in 2024/25.



NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2024/25 and will continue to be monitored and managed regularly

Month 3 monitoring that has been received is in line with expected activity levels.



Provider Income

Provider income of c£17m is being planned and forecast in 2024/25 and will continue to be monitored and managed regularly

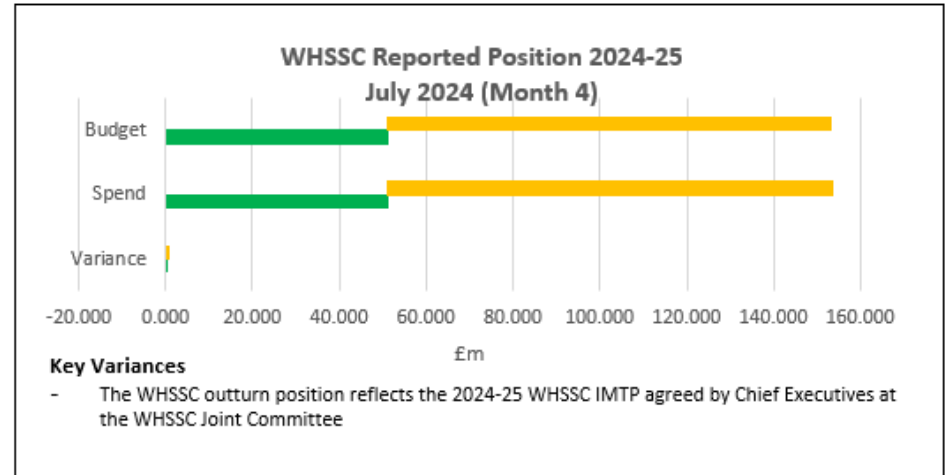
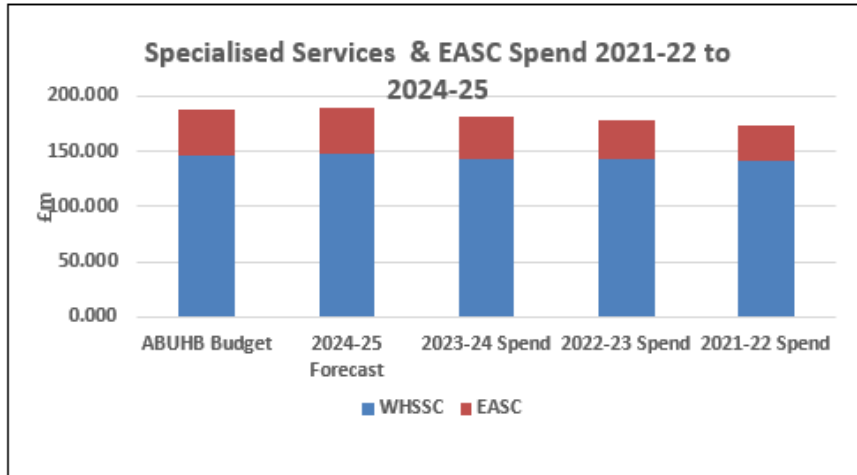
Month 3 activity provided by ABUHB has been in line with previous years performance and is monitored monthly

Key Issues 2024-25

- All LTAs have been signed in line with the WG deadline of the end of June 2024 apart from Velindre (financial agreement reached, query over levels of activity), and Cwm Taf LTA (signed by ABUHB following WG arbitration decision but currently awaiting the Cwm Taf signed copy back)
- The nationally agreed core uplift of 3.67% has been funded and is reflected in the above position.
- Infectious diseases support has been formally commissioned from Cardiff from 2024/25 ensuring that ABUHB patients and clinicians have access to specialist advice and treatment pathways for this service going forwards
- A saving of £406k for robotic surgery repatriation is being forecast to be achieved in 2024-25
- A recurrent annual saving of £1.8m from LTA negotiations with Cwm Taf has been achieved against a target of £300k. This is driving the £1.5m surplus against the delegated budget for commissioning and contracting.
- The expenditure being forecast for cancer services at Velindre is in line with provider expectations and ABUHB IMTP planning assumptions.
- ABUHB are working through a potential rebasing of the Velindre contract to ensure allocation matches the actual activity share but this is not yet agreed

JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial Position 2024-25

The Month 4 financial performance for the Joint Commissioning Committee is a forecast overspend of £0.720m. The Month 4 position reflects the agreed IMTP and budget delegation for the Specialised Services (WHSSC) and EASC elements.



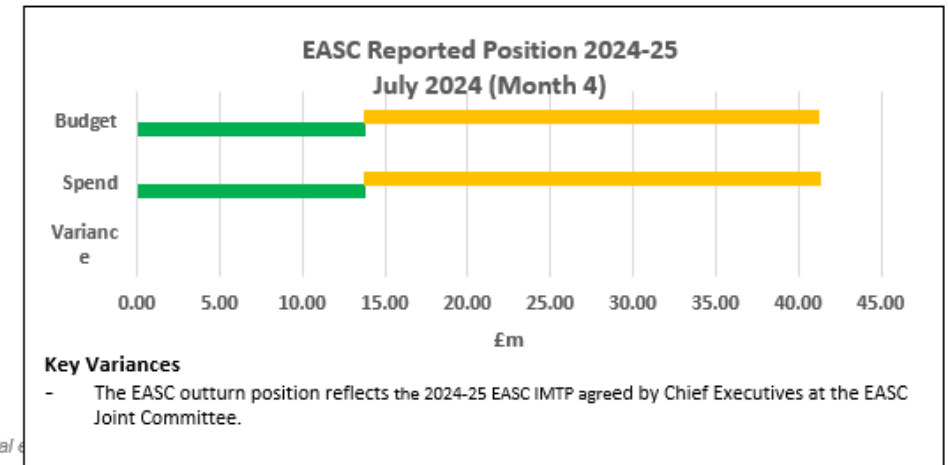
Key Issues 2024-25

Specialised Services

- Forecasts based on M3 of Activity and NICE drugs data where available and delivery of Savings Plans
- Key issues driving overspend
 - Overperformance in C&VUHB (Specialised Cardiology, ALAS, NICE drugs)
 - Individual patient treatments
 - Offset by underspends on Mental Health Placements and Slippage on Developments

EASC

- Confirmation of final EASC plan and WG Allocations
- Slippage against Plan
- Activity Reporting



Balance Sheet

Balance sheet as at 31st July 2024			
	2024/25 Opening balance £000s	31st July 2024 £000s	Movement £000s
Fixed Assets	910,187	947,277	37,090
Other Non current assets	149,418	163,370	13,952
Current Assets			
Inventories	9,844	9,865	21
Trade and other receivables	136,632	119,663	(16,969)
Cash	4,145	5,633	1,488
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	150,621	135,161	(15,460)
Liabilities			
Trade and other payables	218,038	203,106	(14,932)
Provisions	221,474	206,795	(14,679)
	439,512	409,901	(29,611)
	770,714	835,907	65,193
Financed by:-			
General Fund	581,390	635,254	53,864
Revaluation Reserve	189,324	200,653	11,329
	770,714	835,907	65,193

Fixed Assets

- An increase in net additions of £24.1m in relation to new 2024/25 capital expenditure incurred.
- A reduction of £14.2m for depreciation charges. An increase of £0.4m for IFRS16 related charges.
- An increase in indexation costs of £27.2m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £14.4m, a decrease in intangible assets of £0.5m and an increase in ICR income due in more than one year of £0.1m since the end of 2023/24.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2023/24 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2023/24 to the end of July £0.2m.
- A decrease in the value of both NHS & Non-NHS accruals of £23.7m, of which £22.6m relates to a decrease of Welsh Risk Pool claims due in less than one year, £0.6m relates to a decrease in NHS & Non NHS accruals and £0.5m relates to a decrease in VAT and other debtors since the end of 2023/24.
- An increase in the value of prepayments held £6.9m.

Cash: The cash balance held at the end of July is £5.633m.

Liabilities, Provisions:

- The movement since the end of 2023/24 relates to a number of issues the most significant of which are:- An increase in Capital accruals (£0.1m), a decrease in NHS Creditor accruals (£2.6m), a decrease in the level of invoices held for payment from the year end (£12.2m), an increase in non NHS accruals (£14.5m), a decrease in Tax & Superannuation (£1.9m), a decrease in other creditors (£12.5m), an increase in the liability for lease payments (£0.2m), an increase in payments on account (£0.6m)
- Due to a decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £12.5m and a decrease in other provisions of £2.2m.

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

Health Board Income
WG Funding Allocations: £1.7bn

Funding Allocations - July 24 (M04 2024/25)

	£'000
HCHS	1,521,785
GMS	112,737
Pharmacy	34,917
Dental	34,643
Total confirmed allocations	1,704,082

Anticipated allocations	38,778
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Total Allocations	1,742,859
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Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £114m. (£114m for 23/24). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.86bn (£1.88bn for 23/24).

WG anticipated allocations: £38.8m

WG Revenue Resource Limit : Anticipated Allocations (July)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
GMS	Primary Care Improvement Grant	142	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(1,347)	NR
HCHS	Capital - DEL Depreciation - Strategic	1,755	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	3,690	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	109	NR
HCHS	Capital - AME Depreciation - Donated Assets	333	NR
HCHS	Capital - AME Depreciation - Impairments	46,424	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(19,406)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(200)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,210)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,402)	NR
HCHS	Real Living Wage 22-23 + 23-24	4,086	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,275	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	Calman SPR's	125	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	National Clinical Lead for Falls & Frailty	30	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	725	R
HCHS	Urgent Primary Care	647	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(5,511)	NR
HCHS	RIF Dementia	1,611	NR
HCHS	RIF - Short breaks for Carers	247	NR
HCHS	Planned Care Transformation-3Ps funding	174	NR
HCHS	MCA and DoIs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	Planned Care Transformation-Clinical Support SLAs	38	NR
HCHS	Planned Care Transformation-Pathway Alliance Editor Cost	63	NR
Total Anticipated: Per Ledger		38,778	

Capital Planning & Performance

Summary Capital Plan Month 4 2024/25	2024/25				
	Original Plan £000	Revised Plan £000	Spend to M4 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	10,814	10,814		10,814	0
Less EFAB Contribution	-725	-725		-725	0
Less AWCP Brokerage 23/24	-230	-1,669		-1,669	0
Plus AWCP Brokerage 24/25	0	0		0	0
Less DCP Brokerage 23/24	0	350		350	0
NBV of Assets Disposed	0	2		2	0
Total Approved Discretionary Funding	9,859	8,772		8,772	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	42,399	53,780		53,780	0
Anticipated AWCP Slippage to return to WG	0	0		-8	-8
Total Approved AWCP Funding	42,399	53,780		53,772	-8
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,320		1,320	0
IFRS16 CRL Reduction for Leased Asset Disposals	0	0		0	0
NBV of IFRS16 Leased Assets Disposed	0	0		0	0
Total Approved IFRS16 Lease funding	0	1,320		1,320	0
Total Capital Funding / Capital Resource Limit (CRL)	52,258	63,873		63,865	-8
Applications:					
Discretionary Capital:					
Commitments B/f From 2023/24	284	397	170	409	12
Statutory Allocations	1,076	1,076	181	1,076	0
Divisional Priorities	3,414	2,281	775	2,281	0
Corporate Priorities	1,267	462	48	462	0
Informatics National Priority & Sustainability	2,257	2,645	1,564	2,645	0
Release of DCP Provision re: Tredegar H&WBC	0	-1,115	-1,115	-1,115	0
Remaining DCP Contingency	1,562	3,026	0	1,021	-2,005
Total Discretionary Capital	9,859	8,772	1,624	6,779	-1,993
All Wales Capital Programme:					
Grange University Hospital (VAT Recovery)	-3,517	-3,437	4	-3,437	0
Tredegar Health & Wellbeing Centre Development	0	0	1,220	1,667	1,667
NHH Satellite Radiotherapy Centre	15,755	15,471	6,374	15,471	0
YYF Breast Centralisation Unit	0	111	7	111	0
Newport East Health & Wellbeing Centre Development	12,754	12,119	6,802	12,310	191
RGH Endoscopy Unit	0	4	4	4	0
RGH – Block 1 and 2 Demolition and Car Park	230	279	0	389	110
EFAB Schemes	2,612	2,889	758	2,889	0
ICF Schemes	0	8	-3	0	-8
ED Waiting Area Funding	0	55	54	56	1
CAMHS Sanctuary Hub	1,202	1,226	301	1,226	0
GUH ED Extension	10,879	11,355	1,310	11,355	0
IRCF - Abervalley H&WBC	742	742	25	742	0
IRCF - Dixton H&WBC	742	742	25	742	0
Housing with Care Fund - 2023/24 Schemes	0	21	33	33	12
Digital Year End Funding 2023/24	0	73	24	73	0
Diagnostics Funding 2023/24	0	35	37	47	12
Ty Gwent	1,000	1,219	41	1,219	0
EOY Funding 2023/24	0	49	17	49	0
Head Lease for Chepstow Community Hospital	0	5,550	5,431	5,550	0
Diagnostic Equipment Funding 2024/25	0	497	0	497	0
DPIF - RISP	0	541	24	541	0
Backlog Maintenance 2024-25	0	4,231	0	4,231	0
Total AWCP Capital	42,399	53,780	22,489	55,765	1,985
Total IFRS16 Lease Expenditure	0	1,320	1,320	1,320	0
Total Programme Allocation and Expenditure	52,258	63,873	25,433	63,864	-8
Forecast Break Even against Overall Capital Resource Limit					0

Aneurin Bevan University Health Board

Finance Report – July (Month 4) 2024/25

Appendices

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Note: further detail available upon request

Table A1 - Underlying Position

Section A - By Spend Area	IMTP	Full Year Effect of Actions		Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP
	Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000			Underlying Position c/f £'000
Pay - Administrative, Clerical & Board Members	(0)		3,334	3,334	(3,498)	(164)
Pay - Medical & Dental	(24,293)		8,977	(15,316)	(1,772)	(17,088)
Pay - Nursing & Midwifery Registered	(15,638)	4,767		(10,871)	(375)	(11,246)
Pay - Prof Scientific & Technical	(807)		807	(0)		(0)
Pay - Additional Clinical Services	(6,776)	4,767	509	(1,500)	(250)	(1,750)
Pay - Allied Health Professionals	(0)		850	850	(850)	(0)
Pay - Healthcare Scientists	(115)		115	0		0
Pay - Estates & Ancillary	(2,841)			(2,841)	(45)	(2,886)
Pay - Students	0			0		0
Non Pay - Supplies and services - clinical	(15,001)	15,001	8,746	8,746	(14,742)	(5,996)
Non Pay - Supplies and services - general	(740)	740		(0)		(0)
Non Pay - Consultancy Services	0			0		0
Non Pay - Establishment	0			0		0
Non Pay - Transport	0			0		0
Non Pay - Premises	(5,088)	5,088		(0)		(0)
Non Pay - External Contractors	0			0	0	0
Health Care Provided by other Orgs – Welsh LHBs	(1,000)		7,000	6,000	(6,200)	(200)
Health Care Provided by other Orgs – Welsh Trusts	0			0		0
Health Care Provided by other Orgs – JCC	0		12,197	12,197	(17,026)	(4,829)
Health Care Provided by other Orgs – English	0			0		0
Health Care Provided by other Orgs – Private / Other	(9,110)	7,104	9,295	7,289	(18,129)	(10,840)
Total	(81,410)	37,467	51,830	7,887	(62,887)	(55,000)

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

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
Revenue Resource Limit	Actual/F'cast	140,293	124,527	137,405	143,374	143,374	143,565	144,306	143,805	144,270	144,897	145,034	188,007	545,599	1,742,859
Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	17	0	0	48	0	0	60	0	0	75	17	200
Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,909	2,049	2,069	2,333	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	8,360	24,340
JCC Income	Actual/F'cast	981	1,019	1,098	1,887	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	4,985	13,618
Welsh Government Income (Non RRL)	Actual/F'cast	2,285	(1,198)	207	303	300	300	300	300	300	300	300	300	1,597	3,997
Other Income	Actual/F'cast	5,072	6,263	6,527	6,278	6,022	6,022	6,022	6,022	6,022	6,022	6,022	6,022	24,140	72,316
Income Total		150,540	132,660	147,323	154,175	152,773	153,012	153,705	153,204	153,729	154,296	154,433	197,481	584,698	1,857,331
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	18,815	15,396	16,871	16,550	17,842	17,842	17,842	17,842	17,842	17,842	17,842	17,842	67,632	210,368
Primary Care - Drugs & Appliances	Actual/F'cast	9,898	9,492	9,753	9,623	9,527	9,815	9,825	9,825	9,825	9,842	9,842	9,641	38,766	116,906
Provided Services - Pay	Actual/F'cast	62,289	64,288	63,043	64,093	63,552	63,332	63,040	63,040	63,040	63,040	63,940	63,043	253,713	759,742
Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,292	12,402	11,888	12,319	12,527	12,927	13,071	13,135	13,761	13,768	13,859	14,332	49,901	157,280
Secondary Care - Drugs	Actual/F'cast	5,708	5,006	5,079	5,911	5,325	5,401	5,881	5,354	5,242	5,733	5,093	5,243	21,704	64,979
Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	27,455	27,313	27,318	30,496	28,158	28,158	28,158	28,158	28,158	28,158	28,158	28,158	112,582	337,847
Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuing Care and Funded Nursing Care	Actual/F'cast	10,580	11,060	10,659	10,745	11,209	10,890	10,878	10,831	10,854	10,891	10,678	11,175	43,044	130,449
Other Private & Voluntary Sector	Actual/F'cast	813	1,183	1,090	1,004	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	4,090	12,890
Joint Financing and Other	Actual/F'cast	2,502	3,284	3,320	2,909	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	12,015	38,015
Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	135	68	(1,226)	268	209	209	209	209	209	209	209	209	(755)	914
Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	3,976	3,979	3,983	3,996	4,043	4,041	4,040	4,039	4,038	4,038	4,035	4,152	15,934	48,360
AME Donated Depreciation/Impairments	Actual/F'cast	37	(15,852)	36	36	36	36	36	36	36	37	37	42,948	(15,744)	27,460
Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
Profit/Loss Disposal of Assets	Actual/F'cast	(0)	(12)	(1)	(8)	0	0	0	0	0	0	0	0	(21)	(21)
Cost - Total		155,499	137,608	151,813	157,942	156,778	157,001	157,330	156,820	157,355	157,908	158,044	201,093	602,861	1,905,190
Net surplus/ (deficit)	Actual/F'cast	(4,959)	(4,948)	(4,490)	(3,767)	(4,005)	(3,989)	(3,625)	(3,616)	(3,626)	(3,612)	(3,611)	(3,612)	(18,164)	(47,860)

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
REF	TYPE	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	£'000	£'000
1	Administrative, Clerical & Board Members	9,760	9,935	9,712	9,661	9,760	9,685	9,680	9,680	9,680	9,680	9,740	9,680	39,068	116,653
2	Medical & Dental	15,120	15,270	15,175	15,670	15,400	15,350	15,285	15,275	15,275	15,275	15,250	15,250	61,235	183,595
3	Nursing & Midwifery Registered	18,828	19,771	19,292	19,635	19,395	19,300	19,200	19,200	19,200	19,200	19,763	19,225	77,526	232,009
4	Prof Scientific & Technical	2,757	2,816	2,776	2,768	2,775	2,775	2,775	2,775	2,775	2,775	2,775	2,775	11,117	33,317
5	Additional Clinical Services	9,372	10,039	9,640	9,794	9,700	9,700	9,650	9,638	9,638	9,638	9,950	9,641	38,845	116,400
6	Allied Health Professionals	3,794	3,816	3,818	3,787	3,802	3,802	3,800	3,790	3,790	3,790	3,800	3,790	15,215	45,579
7	Healthcare Scientists	1,157	1,194	1,195	1,220	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	4,766	14,366
8	Estates & Ancillary	3,431	3,586	3,387	3,489	3,450	3,450	3,367	3,367	3,367	3,367	3,392	3,367	13,893	41,018
9	Students	2	2	2	2	2	2	0	1	1	1	2	1	8	20
10	TOTAL PAY EXPENDITURE	64,221	66,429	64,997	66,026	65,484	65,264	64,957	64,926	64,926	64,926	65,872	64,929	261,673	782,957
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	62,289	64,288	63,043	64,093	63,552	63,332	63,040	63,040	63,040	63,040	63,940	63,043	253,713	759,742
12	Other Services (incl. Primary Care) - Pay	1,932	2,141	1,954	1,933	1,932	1,932	1,916	1,885	1,885	1,885	1,932	1,885	7,960	23,214
13	Total - Pay	64,221	66,429	64,997	66,026	65,484	65,264	64,957	64,926	64,926	64,926	65,872	64,929	261,673	782,956
B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff															
REF	TYPE	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	28	8	19	(4)	39	39	37	36	35	35	35	35	51	342
2	Medical & Dental	1,124	932	937	1,232	1,000	1,000	975	975	975	975	975	975	4,225	12,074
3	Nursing & Midwifery Registered	1,034	1,064	1,011	1,169	1,097	1,097	1,016	976	936	936	936	936	4,278	12,208
4	Prof Scientific & Technical	27	68	40	38	38	38	36	35	34	34	34	34	173	453
5	Additional Clinical Services	26	39	38	63	36	36	34	33	32	32	32	32	166	436
6	Allied Health Professionals	102	105	162	132	143	143	135	131	127	127	127	127	501	1,559
7	Healthcare Scientists	27	26	37	65	38	38	36	35	34	34	34	34	155	435
8	Estates & Ancillary	205	138	77	188	140	140	140	140	140	140	140	140	608	1,728
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,573	2,381	2,321	2,883	2,530	2,530	2,409	2,360	2,312	2,312	2,312	2,312	10,157	29,236
11	Agency/Locum (premium) % of pay	4.0%	3.6%	3.6%	4.4%	3.9%	3.9%	3.7%	3.6%	3.6%	3.6%	3.5%	3.6%	3.9%	3.7%
C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)															
REF	REASON	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	1,544	1,428	1,392	1,586	1,392	1,392	1,325	1,298	1,272	1,272	1,272	1,272	5,950	16,443
2	Maternity/Paternity/Adoption Leave	27	25	24	30	27	27	25	25	24	24	24	24	107	307
3	Special Leave (Paid) – inc. compassionate leave, interview	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Special Leave (Unpaid)	39	36	35	43	38	38	36	35	35	35	35	35	152	439
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	520	481	469	726	638	638	607	595	583	583	583	583	2,196	7,004
7	Annual Leave	48	44	43	53	47	47	45	44	43	43	43	43	188	541
8	Sickness	396	367	357	444	390	390	371	364	356	356	356	356	1,564	4,502
9	Restricted Duties	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Jury Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	WLI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,573	2,381	2,321	2,883	2,530	2,530	2,409	2,360	2,312	2,312	2,312	2,312	10,157	29,236

Table B3 - COVID-19

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
A1	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000

Overall Covid-19 Position

108	Total Planned COVID-19 Expenditure		781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,344	3,404	12,416
109	Total Actual/Forecast COVID-19 Expenditure		781	701	868	827	990	944	944	947	1,322	1,331	1,330	1,433	3,177	12,416
110	Movement from Planned Expenditure		0	0	85	142	(17)	(20)	(18)	(20)	(20)	(23)	(22)	(90)	227	(0)
111	Total Planned Funding		781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,344	3,404	12,416
112	Total Actual/Forecast COVID-19 Funding excluding Virements		781	701	868	827	990	944	944	947	1,322	1,331	1,330	1,433	3,177	12,416
113	Total Actual/Forecast COVID-19 Virements		0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	Total Actual/Forecast Funding		781	701	868	827	990	944	944	947	1,322	1,331	1,330	1,433	3,177	12,416
115	Movement from Planned Funding		0	0	(85)	(142)	17	20	18	20	20	23	22	90	(227)	0
116	Net Planned Position		0	0	0	0	0	0	0	0	0	0	0	0	0	0
117	Actual / Forecast Net Impact on overall Financial Position due to Covid-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
118	Net Movement from Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Budget/Plan	621	514	536	784	810	810	1,207	1,210	1,210	1,210	1,210	1,210	2,455	11,332		0	2,158			
2	Pay	Actual/F'cast	622	512	1,243	831	902	893	1,089	1,098	1,128	1,155	1,155	1,199	3,208	11,826	27.12%	10,585	1,241	1,035	10,791
3		Variance	1	(2)	707	47	92	83	(118)	(112)	(82)	(55)	(55)	(10)	752	494	30.63%	10,585	-917		
4	Budget/Plan	223	190	229	572	572	572	571	573	673	573	572	770	1,213	6,090		5,363	727			
5	Non-Pay	Actual/F'cast	223	165	1,151	1,047	892	852	946	945	1,045	1,007	1,007	1,416	2,586	10,696	24.18%	9,534	1,161	4,808	5,887
6		Variance	0	(24)	922	475	320	280	375	372	372	434	435	646	1,372	4,605	113.12%	4,170	434		
7	Primary Care - Drugs & Appliances	Budget/Plan	121	134	144	301	312	324	335	346	358	369	381	394	699	3,517		2,217	1,300		
8		Actual/F'cast	121	186	127	324	332	349	364	379	395	411	426	444	757	3,858	19.63%	3,858	0	1,300	2,558
9		Variance	0	52	(17)	23	21	25	29	34	37	42	45	50	58	341	8.27%	1,641	-1,300		
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	1		1	0			
11	Secondary Care Drugs	Actual/F'cast	0	9	12	9	25	27	27	27	27	27	27	27	30	241	12.44%	241	0	223	18
12		Variance	0	9	12	9	25	26	26	26	26	26	26	26	30	241	17901.20%	241	0		
13	Budget/Plan	35	63	145	465	537	596	865	893	920	947	975	1,002	707	7,443		5,257	2,186			
14	CHC/FNC	Actual/F'cast	35	63	87	378	394	529	836	881	905	928	947	972	563	6,953	8.09%	5,252	1,702	1,440	5,513
15		Variance	0	0	(58)	(87)	(144)	(67)	(29)	(12)	(15)	(19)	(28)	(30)	(145)	(490)	(20.45%)	-5	-485		
16	Budget/Plan	221	221	221	287	287	287	292	292	292	292	292	292	292	949	3,278		3,248	30		
17	Primary Care Contractor	Actual/F'cast	221	221	321	359	297	348	302	302	353	302	302	353	1,121	3,680	30.47%	3,650	30	375	3,305
18		Variance	0	0	100	72	10	60	10	10	60	10	10	60	172	402	18.12%	402	0		
19	Budget/Plan	0	400	200	245	245	245	245	245	245	245	245	245	845	2,805		2,805	0			
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	400	333	790	415	415	415	415	415	415	415	415	1,523	4,839	31.47%	4,839	0	0	4,839
21		Variance	0	(0)	134	545	170	170	170	170	170	170	170	170	678	2,034	80.22%	2,034	0		
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23	Non-healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Budget/Plan	1,221	1,521	1,475	2,654	2,763	2,834	3,515	3,559	3,698	3,637	3,675	3,914	6,870	34,466		18,891	0			
35	Total	Actual/F'cast	1,221	1,555	3,274	3,737	3,257	3,411	3,977	4,046	4,267	4,244	4,278	4,825	9,788	42,092	31.47%	37,958	4,134	9,181	32,911
36		Variance	1	34	1,800	1,083	494	577	462	487	569	607	602	911	2,917	7,626	80.22%	19,067	4,134		
37	Variance in month		0.04%	2.24%	122.04%	40.82%	17.87%	20.34%	13.14%	13.69%	15.37%	16.68%	16.39%	23.29%		42.47%					
38	In month achievement against FY forecast		2.90%	3.70%	7.78%	8.88%	7.74%	8.10%	9.45%	9.61%	10.14%	10.08%	10.16%	11.46%							

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

	LHB/Trust	Contracted	Non	Total	Contracted	Non	Total
		Income	Contracted	Income	Expenditure	Contracted	Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	274	880	1,154	1,682	2,080	3,762
2	Aneurin Bevan University	0	0	0	0	0	0
3	Betsi Cadwaladr University	41	97	138	0	1,474	1,474
4	Cardiff & Vale University	1,585	1,614	3,199	37,976	6,327	44,303
5	Cwm Taf Morgannwg University	1,559	1,098	2,657	20,112	847	20,959
6	Hywel Dda University	321	25	346	403	820	1,223
7	Powys	11,348	3,310	14,658	168	205	373
8	Public Health Wales	0	4,253	4,253	0	1,588	1,588
9	Velindre	0	11,055	11,055	30,687	54,670	85,357
10	NWSSP			0			0
11	DHCW	0	1,307	1,307	0	7,549	7,549
12	Welsh Ambulance Services	0	182	182	0	512	512
13	JCC	12,854	0	12,854	212,028	720	212,748
14	HEIW	0	15,399	15,399	0	3	3
15	NHS Executive			0			0
16	Total	27,982	39,220	67,202	303,056	76,795	379,851

Table F - Statement of Financial Position

Table F - Statement of Financial Position For Monthly Period		Opening Balance Beginning of Apr 24 £'000	Closing Balance End of Jul 24 £'000	Forecast Closing Balance End of Mar 25 £'000
Non-Current Assets				
1	Property, plant and equipment	910,187	947,277	912,061
2	Intangible assets	4,685	4,180	3,404
3	Trade and other receivables	144,066	158,523	144,066
4	Other financial assets	667	667	667
5	Non-Current Assets sub total	1,059,605	1,110,647	1,060,198
Current Assets				
6	Inventories	9,844	9,865	9,844
7	Trade and other receivables	136,573	119,604	136,573
8	Other financial assets	59	59	59
9	Cash and cash equivalents	4,145	5,633	(46,035)
10	Non-current assets classified as held for sale	0	0	0
11	Current Assets sub total	150,621	135,161	100,441
12	TOTAL ASSETS	1,210,226	1,245,808	1,160,639
Current Liabilities				
13	Trade and other payables	202,150	186,343	203,170
14	Borrowings (Trust Only)	0	0	0
15	Other financial liabilities	0	0	0
16	Provisions	71,827	42,660	71,827
17	Current Liabilities sub total	273,977	229,003	274,997
18	NET ASSETS LESS CURRENT LIABILITIES	936,249	1,016,805	885,642
Non-Current Liabilities				
19	Trade and other payables	15,888	16,763	15,888
20	Borrowings (Trust Only)	0	0	0
21	Other financial liabilities	0	0	0
22	Provisions	149,647	164,135	149,647
23	Non-Current Liabilities sub total	165,535	180,898	165,535
24	TOTAL ASSETS EMPLOYED	770,714	835,907	720,107
FINANCED BY: Taxpayers' Equity				
25	General Fund	581,390	635,254	520,107
26	Revaluation Reserve	189,324	200,653	200,000
27	PDC (Trust only)			
28	Retained earnings (Trust Only)			
29	Other reserve			
30	Total Taxpayers' Equity	770,714	835,907	720,107
EXPLANATION OF ALL PROVISIONS				
31	Clinical Negligence	209,192	196,888	209,192
32	Personal Injury	3,231	3,059	3,231
33	Early Retirement	2,983	2,975	2,983
34	Continuing Healthcare	393	393	393
35	Other	5,675	3,480	5,675
36				
37				
38				
39				
40	Total Provisions	221,474	206,795	221,474
ANALYSIS OF WELSH NHS RECEIVABLES (current month)				
41	Welsh NHS Receivables Aged 0 - 10 weeks		5,661	
42	Welsh NHS Receivables Aged 11 - 16 weeks		444	
43	Welsh NHS Receivables Aged 17 weeks and over		0	
ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)				
44	Capital	£'000	£'000	£'000
		6,640	6,699	7,660
45	Revenue	211,398	196,407	211,398
ANALYSIS OF CASH (opening, current & closing)				
46	Capital	£'000	£'000	£'000
		793	553	21
47	Revenue	3,352	5,080	(46,056)

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	147,500	164,500	134,000	146,640	150,000	132,500	143,000	152,000	137,000	138,500	135,000	86,599	1,667,239
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	0	0	0	250	0	250	0	400	0	400	0	435	1,735
3	WG Revenue Funding - Other (e.g. Invoices)	774	184	167	1,756	676	300	303	351	767	269	733	535	6,815
4	WG Capital Funding - Cash Limit - LHB & SHA only	4,000	3,500	15,000	2,500	6,800	8,000	6,000	1,700	4,700	3,500	3,600	3,250	62,550
5	Income from other Welsh NHS Organisations	9,191	6,094	3,778	5,135	5,185	4,023	5,909	4,288	5,404	5,967	6,266	5,896	67,136
6	Short Term Loans - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
7	PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	0	15	3	8	0	0	0	0	0	0	0	0	26
10	Other - (Specify in narrative)	3,051	5,187	6,439	4,319	8,075	3,905	3,698	4,207	5,243	4,529	8,490	7,476	64,619
11	TOTAL RECEIPTS	164,516	179,480	159,387	160,608	170,736	148,978	158,910	162,946	153,114	153,165	154,089	104,191	1,870,120
PAYMENTS														
12	Primary Care Services : General Medical Services	8,504	8,172	10,180	8,717	8,212	8,423	9,670	10,348	7,570	9,287	8,985	9,363	107,431
13	Primary Care Services : Pharmacy Services	2,809	6,711	1	2,683	4,890	1	2,910	5,745	2,827	2,916	2,918	2	34,413
14	Primary Care Services : Prescribed Drugs & Appliances	10,292	20,049	708	10,910	21,214	178	8,791	19,639	9,796	9,885	10,798	245	122,505
15	Primary Care Services : General Dental Services	2,639	2,504	2,620	2,629	2,790	2,726	2,695	2,883	2,388	3,878	2,602	2,637	32,991
16	Non Cash Limited Payments	143	(457)	812	71	(488)	796	161	(474)	146	(5)	173	857	1,735
17	Salaries and Wages	61,806	61,611	60,794	60,679	64,261	67,554	64,085	61,772	60,699	60,650	61,015	63,698	748,624
18	Non Pay Expenditure	75,420	76,170	68,161	71,900	63,099	62,338	65,348	61,103	65,004	63,613	64,415	72,682	809,253
19	Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Capital Payment	4,268	3,861	14,824	2,310	7,296	7,894	6,137	1,554	4,719	3,615	3,519	3,349	63,346
22	Other items (Specify in narrative)	0	2	0	0	0	0	0	0	0	0	0	0	3
23	TOTAL PAYMENTS	165,881	178,623	158,100	159,899	171,274	149,910	159,797	162,570	153,149	153,839	154,425	152,832	1,920,300
24	Net cash inflow/outflow	(1,365)	857	1,287	709	(538)	(932)	(887)	376	(35)	(674)	(336)	(48,642)	
25	Balance b/f	4,145	2,780	3,637	4,924	5,633	5,095	4,163	3,276	3,652	3,617	2,943	2,607	
26	Balance c/f	2,780	3,637	4,924	5,633	5,095	4,163	3,276	3,652	3,617	2,943	2,607	(46,035)	

Table H - Prompt Payment of Invoice Performance

30 DAY COMPLIANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END		
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	95.4%	0.4%		-95.0%		-95.0%		-95.0%	95.4%	0.4%	95.4%	0.4%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	92.0%	-3.0%		-95.0%		-95.0%		-95.0%	92.0%	-3.0%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	96.1%	1.1%		-95.0%		-95.0%		-95.0%	96.1%	1.1%	96.1%	1.1%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.2%	2.2%		-95.0%		-95.0%		-95.0%	97.2%	2.2%	97.2%	2.2%

10 DAY COMPLIANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value	81.5%								81.5%		81.5%	
6	% of NHS Invoices Paid Within 10 Days - By Number	26.5%								26.5%		26.5%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	58.8%								58.8%		58.8%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	36.5%								36.5%		36.5%	

Table I - Capital Resource/Expenditure Limit Management

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure</i>						
	All Wales Capital Programme:						
	Schemes:						
1	Primary Care Fees - Newport East	7,025	6,802	(223)	12,119	12,310	191
2	Radiotherapy Satellite - Main Scheme	6,009	5,973	(36)	15,070	15,070	0
3	Efab - Infrastructure	593	641	48	2,129	2,129	0
4	Efab - Fire	34	(31)	(65)	592	592	0
5	Efab - Decarbonisation	103	149	45	168	168	0
6	Plaid Agreement - Mental Health Sanctuary Hubs	251	251	0	251	251	0
7	HCF - St Cadocs Mental Health Unit	184	50	(134)	975	975	0
8	Grange University Hospital - Brokerage pending VAT reclaim	4	4	(0)	(3,437)	(3,437)	0
9	Grange University Hospital - Emergency Department - Extension and Reconfiguration	2,380	1,310	(1,070)	11,355	11,355	(0)
10	Ty Gwent	78	41	(37)	1,219	1,219	0
11	RAAC Satellite Unit works	401	401	0	401	401	0
12	Royal Gwent Demolition	26	0	(26)	279	389	110
13	Breast Centralisation YF	20	7	(14)	111	111	0
14	RGH Endoscopy Unit	4	4	0	4	4	(0)
15	Digital Year End Funding - January 2024	6	1	(5)	20	20	0
16	ICF Pontllanfraith Feasibility	0	(3)	(3)	8	0	(8)
17	Emergency Department and Minor Injury Unit Improvements	56	54	(2)	55	56	1
18	HCF - Specialist Children's Beds	8	19	10	6	19	13
19	HCF - Exterior Lighting Serennu Centre	15	15	(0)	15	15	0
20	Digital Year End Funding - February 2024	21	23	2	53	53	0
21	Diagnostic Equipment	47	37	(10)	35	47	12
22	Year End Funding - January 2024	26	18	(9)	49	49	0
23	Head Lease for Chepstow Community Hospital	5,550	5,431	(119)	5,550	5,550	0
24	IRCF - Monmouth Health and Wellbeing Centre and Dixon Surgery	25	25	(0)	742	742	0
25	IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development	25	25	0	742	742	0
26	Diagnostic Equipment 2024-25	0	0	0	497	497	0
27	DPIF - RISP	24	24	0	541	541	0
28	Backlog Maintenance 2024-25	0	0	0	4,231	4,231	0
29	Tredegar H&WBC	0	1,220	1,220	0	1,667	1,667
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	22,916	22,489	(427)	53,780	55,765	1,985
	Discretionary:						
43	I.T.	1,805	1,731	(75)	2,989	2,989	0
44	Equipment	162	147	(15)	508	508	0
45	Statutory Compliance	255	182	(74)	1,144	1,144	0
46	Estates	453	680	228	4,225	2,232	(1,993)
47	Other	(1,045)	(1,115)	(69)	(94)	(94)	0
48	Sub Total	1,629	1,624	(5)	8,772	6,779	(1,993)

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Primary Care Fees - Newport East	Lorraine Morgan	12,300	12,360	2,416	536	2,245	1,606	1,699	1,474	700	375	362	350	296	252	6,802	12,310	Medium
2	Radiotherapy Satellite - Main Scheme	Lorraine Morgan	14,370	15,070	919	1,503	1,677	1,873	1,993	1,709	1,238	920	717	594	604	1,321	5,973	15,070	Medium
3	Efab - Infrastructure	Jamie Marchant	2,050	2,150	340	(284)	330	255	408	309	126	127	126	126	131	137	641	2,129	Medium
4	Efab - Fire	Scott Taylor	560	620	2	(1)	3	(35)	25	110	40	50	149	70	85	94	(31)	592	Low
5	Efab - Decarbonisation	Jamie Marchant	160	180	0	0	87	61	13	7	0	0	0	0	0	0	149	168	Low
6	Plaid Agreement - Mental Health Sanctuary Hubs	Kolade Gamel	251	251	128	123	(119)	119	0	0	0	0	0	0	0	0	251	251	Low
7	HCF - St Cadocs Mental Health Unit	Kolade Gamel	950	1,000	0	34	(34)	50	350	375	150	50	0	0	0	0	50	975	Low
8	Grange University Hospital - Brokerage pending VAT reclaim	Hannah Capel	(3,437)	5	5	0	(1)	(0)	0	0	0	(3,441)	0	0	0	0	4	(3,437)	High
9	Grange University Hospital - Emergency Department - Extension	Hannah Capel	11,000	11,355	655	168	173	314	1,000	1,000	1,200	1,800	1,200	1,500	1,500	845	1,310	11,355	Medium
10	Ty Gwent	Hannah Capel	1,219	1,219	1	2	15	23	262	262	262	262	119	12	0	0	41	1,219	Low
11	RAAC Satellite Unit works	Lorraine Morgan	401	401	401	0	0	0	0	0	0	0	0	0	0	0	401	401	Low
12	Royal Gwent Demolition	Jamie Marchant	389	389	0	(3)	3	(1)	50	75	115	125	24	0	0	0	0	389	Medium
13	Breast Centralisation YF	Hannah Capel	111	111	4	1	1	1	26	26	26	27	0	0	0	0	7	111	Low
14	RGH Endoscopy Unit	Lorraine Morgan	4	4	1	1	2	0	0	0	0	0	0	0	0	0	4	4	Low
15	Digital Year End Funding - January 2024	Sarah Humphries	20	20	1	0	0	0	10	9	0	0	0	0	0	0	1	20	Low
16	ICF Pontllanfraith Feasibility	David Powell	(3)	0	(3)	0	0	0	3	0	0	0	0	0	0	0	(3)	0	Low
17	Emergency Department and Minor Injury Unit Improvements	Various	56	56	14	0	41	0	2	0	0	0	0	0	0	0	54	56	Low
18	HCF - Specialist Children's Beds	Sara Garland	19	19	0	8	0	10	0	0	0	0	0	0	0	0	19	19	Low
19	HCF - Exterior Lighting Serennu Centre	Sara Garland	15	15	0	0	7	8	0	0	0	0	0	0	0	0	15	15	Low
20	Digital Year End Funding - February 2024	Sarah Humphries	53	53	0	0	10	13	11	11	8	0	0	0	0	0	23	53	Low
21	Diagnostic Equipment	Various	47	47	13	0	24	0	10	0	0	0	0	0	0	0	37	47	Low
22	Year End Funding - January 2024	Jamie Marchant	49	49	6	7	3	2	9	0	0	0	0	0	23	0	18	49	Low
23	Head Lease for Chepstow Community Hospital	Jamie Marchant	5,550	5,550	0	0	5,430	1	50	50	19	0	0	0	0	0	5,431	5,550	Low
24	IRCF - Monmouth Health and Wellbeing Centre and Dixon S	Hannah Capel	742	742	0	0	0	25	50	77	90	90	90	100	100	120	25	742	Low
25	IRCF - Aber Valley Health and Wellbeing Centre and Aber P	Hannah Capel	742	742	0	0	0	25	50	77	90	90	90	100	100	120	25	742	Low
26	Diagnostic Equipment 2024-25	Various	497	497			0	0	0	97	100	100	100	100	0	0	0	497	Low
27	DPIF - RISP	Sarah Humphries	541	541			24	0	100	100	100	217	0	0	0	0	24	541	Low
28	Backlog Maintenance 2024-25	Lorraine Morgan	4,231	4,231	0	0	0	0	30	226	509	680	694	835	783	473	0	4,231	Medium
29	Tredegarr H&WBC	Lorraine Morgan	1,667	2,480	102	20	1,434	(336)	50	50	50	50	50	50	50	97	1,220	1,667	Medium
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		54,554	60,157	5,005	2,115	11,354	4,015	6,200	6,043	4,823	1,522	3,721	3,837	3,672	3,458	22,489	55,765	

	Discretionary:																		
35	I.T.	Various	2,950	3,050	48	54	140	1,488	101	86	134	131	136	251	166	253	1,731	2,989	Low
36	Equipment	Various	475	525	0	132	12	2	0	71	291	0	0	0	0	0	147	508	Low
37	Statutory Compliance	Various	1,100	1,200	9	70	79	23	88	139	158	114	115	119	95	134	182	1,144	Low
38	Estates	Various	2,150	2,300	53	(34)	105	556	212	207	208	192	194	342	92	107	680	2,232	Low
39	Other	Various	(706)	(94)	0	0	(1,115)	0	128	128	128	128	128	128	128	128	(1,115)	(94)	Low
40		Sub Total	5,969	6,981	111	223	(779)	2,069	528	630	918	564	573	840	481	621	1,624	6,779	
	Other Schemes (Including IFRS 16 Leases):																		
41	IFRS16 - Robotics	Leigh-Anne Challeng	1,320	1,320	0	0	0	1,320	0	0	0	0	0	0	0	0	1,320	1,320	Low
42	Charitable Funds Donated Assets	Various	100	200	0	0	17			48			60			75	17	200	Low
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61		Sub Total	1,420	1,520	0	0	17	1,320	0	48	0	0	60	0	0	75	1,337	1,520	
62		Total Capital Expenditure	61,943	68,658	5,116	2,338	10,592	7,404	6,728	6,721	5,741	2,086	4,354	4,677	4,153	4,154	25,450	64,064	

Table K - Capital Disposals

A: In Year Disposal of Assets								
	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)
		MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000
1	Equipment Disposals	n/a	n/a	April 24	0	0	0	0
2	Equipment Disposals	n/a	n/a	May 24	1	15	2	12
3	Equipment Disposals	n/a	n/a	June 24	1	3	0	1
4	Equipment Disposals	n/a	n/a	July 24	0	8	0	8
5								0
6								0
7	26 Clytha Square	n/a	n/a	March 25				0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
Total for in-year					2	26	3	21

Table M - Debtors Schedule

Table M - Debtors Schedule					17 weeks before end of Jul 24 =		03 April 2024		
Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
PUBLIC HEALTH WALES NHS TRUST	227598	30 April 2024	63000.00	63,000.00	Yes, valid entry for period	63,000.00		27 August 2024	
POWYS HEALTH BOARD	227415	15 April 2024	53683.00	53,683.00	Yes, valid entry for period	53,683.00		12 August 2024	Invoice chased for urgent payment
POWYS HEALTH BOARD	227411	15 April 2024	36910.92	36,910.92	Yes, valid entry for period	36,910.92		12 August 2024	Invoice chased for urgent payment
VELINDRE UNIVERSITY NHS TRUST	227420	15 April 2024	290602.00	290,602.00	Yes, valid entry for period	290,602.00		12 August 2024	

Table N - General Medical Services Financial Position

Completed from month 6

Table O - Dental Services Financial Position

Completed from month 6

Table P - Ringfenced

Completed from month 3

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 4 2024/25

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

Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31st July 2024 (Month 4, 2024/25). This commentary will provide an overview of the financial position and performance of the Health Board as at month four of the 2024/25 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

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

As at Month 04, ABUHB is reporting a year to date deficit of £18.164m with a revised forecast year end deficit of £47.9m which is Elm lower than the annual pion submission of £48.9m deficit as at 31st of Moy 2024. There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing I drug cost growth, receipt of anticipated a/locations and operational demand & workforce pressures, more detail is provided in this report.

2024/25 pay award costs are not included or anticipated at this time, but it is expected that wage awards and any terms and conditions changes will be cost neutral to the Health Board.

Actual YTD

The month four reported financial position shows a **£18.164m overspend position**; this is presented on the face of **Table B - Monthly Positions**. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Directorates. Funding has been delegated following Board approval and subsequent Chief Executive agreement, further delegation of reserve budgets to services is ongoing: -

Summary Reported position - July 2024 (M04)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	292,247	435	388	47
Prescribing	116,133	55	110	(55)
Community CHC & FNC	69,213	941	585	356
Mental Health	141,707	317	357	(40)
Total Primary care, Community and Mental Health	619,293	1,748	1,440	308
Surgery	139,614	1,384	650	734
Clinical Support Services	125,990	190	68	121
Medicine	161,078	473	(17)	490
Urgent Care	39,283	(47)	(73)	26
Family & Therapies	133,487	839	732	107
Estates and Facilities	93,800	(159)	(87)	(73)
Director of Operations	10,754	(351)	(161)	(190)
Total Director of Operations	704,018	2,329	1,113	1,216
Total Operational Divisions	1,323,312	4,077	2,553	1,524
Corporate Divisions	104,239	(1,133)	(357)	(776)
Specialist Services	194,272	183	0	183
External Contracts	95,719	(500)	0	(500)
Capital Charges	75,620	(21)	(13)	(8)
Total Deleized Position	1,793,163	2,606	2,183	423
Total Reserves	(38,345)	15,558	12,215	3,343
Total Allocations	(1,742,859)	0	0	0
Other Corporate Income	(11,959)	0	0	0
Total Recorted Position		18,164	14,399	3,765

Key messages for Month 4

The financial position at 31st of July 2024 shows a £18.164m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay increased in comparison with June by £6.8m. Variable pay of £6.8m in-month which was an increase of £0.7m compared with June. This increase was due to increased medical agency costs, nursing agency and nursing bank costs. Operational pressures including increased enhanced care, sickness and cover due to Health & Safety issues contribute to this pressure. Medical costs increased due to cover for vacant posts. The focus remains on minimising variable pay with a range of operational actions and savings plans including service re-design and capacity reduction.

Non-Pay Spend (excluding capital adjustments)- has increased by c.£2.3m compared with June due to the reimbursement relating to agency fees received in June as well as increased drugs and WHSSC spend.

Enhanced care shifts / costs have increased compared with June but remain at a similar level compared with the previous 9 months. This is significantly lower than the 2022/23 and early 2023/24 levels. Mental Health remains an area of concern with continued high levels of acuity and absence cover.

CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present an underlying financial pressure which shows as a variance in month 4 but is expected to improve in future months due to the profile of savings achievement. Fee uplifts had been assumed at around 7.7% for Adult and Mental Health packages however some uplifts have been agreed at a lower percentage. There remains a risk that Providers could approach the Health Board and which could lead to revised uplifts. Additional high-cost packages within Learning Disabilities and Paediatrics may present a further pressure in future months. **The real living wage impact for 2022/23, 2023/24 and 2024/25 have now been anticipated (c.£4m). The Health Board is assuming this will be cost neutral (ie funded by WG).**

In January 2024 there was a very high-cost package of 'emergency' care for a paediatric patient which has been in place since the start of last financial year (23/24) but has only been presented and discussed at the Children's CHC panel in January 2024. Legal advice is currently being obtained, with a date being established for a dispute panel meeting (currently indicated as September 2024).

Prescribing costs present a financial pressure compared with IMTP financial forecasts, this is reflected in the year to date but not fully in the future months to allow for more data to be available before moving the forecast. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.36 (March PAR). Growth is assumed to be 0.8% for 2024/25 and will be reviewed further using future PAR data. There is a material risk relating to updated April and May PAR average cost per item (£7.48) and tariffs for Category M and Non-Category M drugs, however the forecast has been at month 4 on the expectation that further rebates and off-patent drugs in Primary Care should offset the possible increase.

Energy costs were revised following the latest forecast received on the 10th June as well as further local Divisional forecasts. The annual plan estimated growth of £2.069m has now been reduced to c.£0.1m. The price and usage are being monitored. This forecast remains under review from the Estates & Facilities Division.

On-going non-pay costs across a number of other areas continue including growth in diabetes pumps/consumables and growth in FPIOs and drugs within Haematology and Gastroenterology. The National V&SB procurement and Medicines Management savings opportunities are being reviewed to determine any further savings or mitigating actions deliverable for ABUHB in 24/25.

1. Actual YTD and Forecast Under/ Overspend (Tables A, B, B2 & B3)

Table A- Movement of Opening Financial Plan to Outturn

The Board's identified aims for the 2024/25 financial plan are to achieve an improved revenue position compared with 2023/24, a positive movement towards achieving the

WG control total and an improved underlying deficit, through achieving at least 2% savings.

As of month 4 the Health Board has revised its year-end forecast deficit down to £47.9m, which is £1m lower than the annual plan submission of £48.9m deficit as at 31st of May 2024. This is the result of:

- CTM arbitration case (£1.5m benefit above plan)
- Recognition of WHSSC current forecast overspend (+£0.7m),
- Operational pressures in particular drugs (Surgery & Medicine) (+£0.9m), and
- Assumed income for PADM's / Dispensing Dr's funding (£1.1m).

This along with a break-down of the annual plan submissions and current status is shown as follows:-

Category	March submission	May submission	Month 3	Month 4
Underlying deficit b/f (fm)	81.4	81.4	81.4	81.4
Cost pressures identified (fm)	59.8	59.8	59.8	59.8
WG discretionary funding (fm)	(51.8)	(51.8)	(51.8)	(51.8)
Identified savings (fm)	(29.1)	(34.4)	(40.5)	(40.5)
Pipeline opportunities (fm)	(11.4)	(6.1)	-	-
Sub-total deficit (£m)	48.9	48.9	48.9	
CTM arbitration case benefit	-	-	-	(1.5)
WHSSC forecast pressure (fm)				0.7
Operational drug pressures (Surgery & Medicine)				0.9
PADMs & Dispensing Ors funding				(1.1)
Total deficit	48.9	48.9	48.9	47.9

As at month 4, the savings forecast is now £42.3m against the plan of £40.5m. This includes savings for the impact of the arbitration case, above savings plan levels, with CTM (£1.5m) alongside several additional schemes. The savings off-set operational pressures including the performance pressures.

The carry forward underlying deficit for 2025/26 is determined as £55m. This is reflective of the 2024/25 recurrent forecast deficit, after accounting for non-recurrent savings, costs and funding including the month 4 benefits described above.

A high level 'route map' to recurrent financial recovery has been developed with the detail being worked up by Finance, Planning and Workforce business partners and the divisions.

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

- CHC- Executive Lead Leanne Watkins
- Medicines Management - Executive Lead Leanne Watkins
- Non-pay - Executive Lead Rob Holcombe
- Workforce - Executive Lead Sarah Simmonds
- Service reconfiguration - Executive Lead Hannah Evans
- Prevention - Executive Lead Tracy Daszkiewicz
- Digital - Executive Lead Paul Solloway

Table B - Monthly Positions

The year to date reported position is a £18.164m deficit position (compared with the forecast annual plan year to date deficit of £18.477m).

Material differences of actual expenditure from month 3 and from forecast are as follows:-

- *RRL* - The material difference is in relation to the additional allocation received as part of the WG 'pay matrix' exercise. As a result, additional equivalent costs have been included for providers as necessary. An additional allocation has been anticipated for the CHC Real Living Wage in 2024/25 and PADMS / Dispensing Doctors.
- *JCC income / WG income / other income* - this reflects movement in WHSSC / EASC income received, which is being reviewed with a potential update to forecast income and expenditure next month. Other income is higher than forecast relating to dental patient charges income. The forecast has been updated based on year to date levels. These areas have large profile fluctuations so forecasts will continue to be reviewed and adjusted accordingly.
- *Primary Care Contractor*- the in-month and forecast expenditure is lower than forecast. Work is underway to determine if this is related to coding between primary care and provider services pay. Forecast expenditure has remained at a similar level pending this review.
- *Provider Services - Pay* - costs are higher than forecast in month 4 given the operational pressures linked to medical vacant posts, enhanced care, sickness and Health & Safety issues. Forecast costs have been amended given the operational pressures described and additional costs relating to achievement of RTT targets, a review with Primary Care pay is pending which may impact this split by categories.

- *Provider Services - Non-Pay* - expenditure is lower than forecast in month 4 due to volatility of expenditure in various areas e.g. TEC Cymru. The forecast will require further amendments given the impact of RPB/TEC Cymru expenditure which is under several categories.
- *Secondary Care - drugs* - expenditure has increased given increased FPIO and homecare drugs. Increased forecast costs are shown given increased activity across a number of specialities as well as the impact of some NICE indications within Haematology.
- *Continuing Care and Funded Health Care* - forecast expenditure has decreased in line within Divisional plans due to activity reductions and also the impact of lower fee uplifts compared to Annual Plan assumptions.
- *Healthcare Services Provided by Other NHS Bodies* - in-month and forecast expenditure has increased reflecting the 'pay matrix' exercise and WHSSC performance pressures off-set by reduced costs linked to the CTM arbitration case.

Further allocations will be anticipated for areas such as dispensing Drs (PADM), Optometry contract costs and overseas nurse recruitment once WG correspondence has been received.

Table D shows the year-to-date and forecast depreciation position for the Health Board based on the final asset values for 2023/24 and the 2024/25 capital schemes approved in the CRL issued on 12th July 2024. The DEL and AME depreciation figures included in Month 4 are as per the June Non-Cash return except for a reduction in IFRS16 DEL depreciation requirements of £189k. The depreciation requirement for the newly approved Surgical Robot lease was double counted within the June Non-Cash return so this has now been corrected in the month 4 position and will be updated in the August Non-Cash return.

AME Impairment estimates have been included as per the June Non-Cash return. These figures are estimates and may be subject to change when the final valuations are undertaken on scheme completion. The reversals of impairment funding requirement has been calculated using existing indexation rates and may be subject to change if revised rates are circulated by the Valuation Office Agency during the financial year. The anticipated allocations included at Month 4 are summarised in the table below:

	Forecast per M04-25MMR
Anticipated Allocations	£000
DEL - Baseline Depreciation Shortfall	(1,347)
DEL Strategic depreciation Support	1,755
DEL Accelerated Depreciation	190
DEL IFRS16 Leases Depreciation	3,690
DEL Impairment Funding	0

Total DEL Funding	4,288
AME Donated Asset Depreciation	333
AME Impairment Funding	46,424
AME Reversals of Impairment Funding	(19,406)
AME IFRS16 Leases Depreciation	109
Total AME Funding	27,460
Donated & Granted Assets Credit	(200)
Total Allocations (excluding DEL Baseline)	31,548

Section F describes the 2024/25 energy costs forecast, the breakdown of the full year energy cost forecast is as follows:-

- Shared service contract element - £17.305m
- Other gas and electricity costs - £0.396m
- Total forecast energy costs in section F - £17.701m

It should be noted that this forecast does not include energy management related contracts, water, sewage, staffing and other fuel costs which are part of the utilities directorate within the Health Board.

The reduction in the energy forecast has been shown as a distinct in year savings plan. It should be noted that there is some risk linked to non-commodity prices later in the year if they increase.

Table 82 - Pay & Agency (Section A)

This table has been completed in line with the guidance. Pay expenditure forecast costs have increased due to the operational pressures described namely:-

- Increased enhanced care patients within Medicine and Mental Health
- Health & Safety issues, relating to call bells failure, on C6 East RGH requiring additional nursing cover
- Increased sickness within YYF
- Medical cover for vacant posts, sickness and additional RTT activity.

In response to Action point 3.1; forecast expenditure movements relate to the following reasons:-

- Nursing and Midwifery increase of £5.887m relates to increased forecast costs now that other savings plans categories have been confirmed in month 3. In addition, further costs are assumed relating to additional RTT activity, MS service development and operational pressures within maternity and gynaecology.
- Additional Clinical services increase of £3.876m relates to increased forecast costs now that other savings plans categories have been confirmed in month

3. In addition, further costs are assumed relating to additional RTT activity, and operational pressures within maternity and gynaecology.

- Medical and Dental increase of £1.9m relates to further costs are assumed relating to additional RTT activity, MS service development and operational pressures within maternity and gynaecology.

Table B3 - Covid-19

Total Covid-19 costs are shown as £12.4m for which funding has been received as part of the Health Board's allocation letter and is broken down as follows:-

- Health Protection and Immunisation (Mass Vaccination) - £10.080m
- PPE - £1.120m
- Adferiad (Long Covid) - £1.216m

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins

2. Underlying Position (Tables A1)

The Underlying (U/L) position is a brought forward value of £81.4m with a forecast carry forward deficit into 2025/26 of £55m.

This is reflective of the annual plan submission of £52m with a number of additional costs incurred outside of the submitted financial plan which result in recurrent expenditure. These include:-

- Additional cancer and urgent diagnostic activity requiring WIs and mobile MRI capacity - £2.5m. The MRI capacity requirement is assumed to be recurrent and therefore the additional costs are required.
- Increased prescribing costs through increased average price per item alongside additional direct delivery vaccines - £1m. Average price per item costs continue to increase with some off-set due to lower volume growth rates. Rebates and savings plans are mitigating some of this pressure however NCSO and Category M prices are also presenting a recurrent pressure.
- Gynaecology and Maternity variable pay pressures through increased vacancies, sickness and increased maternity cover - £0.5m. Divisional assurance meetings will review the position and potential actions to mitigate where possible.
- CTM arbitration case benefit off-set by WHSSC pressures forecast as at month 4 reducing the underlying deficit by £1.0m

The underlying deficit position is under regular review and forms part of the draft 3-year 'route map' which will be discussed at the next ABUHB Board meeting.

As part of internal Divisional assurance, specific Divisional financial performance meetings and Executive Committee meetings; the elements and cost drivers making up the underlying deficit are under continual review in order to ensure that they are recurrent and review actions to address the growth/pressure.

3. Risk Management (Table A2)

The risks listed in table A2 which present a significant financial risk to the Health Board include:-

- Continuing Healthcare fee uplifts - flm
- Prescribing average price per item (and number of items) growth above annual plan forecast - £2m
- Additional operational and service pressures outside of the annual plan. This includes costs for Health & Safety issues, Diabetes, CAMHS, Winter and the infected blood inquiry amongst others - £2.1m
- Additional income risks assumed in Divisional forecasts but not anticipated, these include funding for PADM's / Dispensing Drs and overseas nurse recruitment
- Delivery of 6 goals target with resultant income risk - £1.4m
- Delivery of savings plans including mitigating actions against operational pressures - c.£0.8m

In addition, there are a number of further significant challenges to the financial forecast for 2024/25, which are currently assumed to be mitigated by the Health Board or require further information to enable an accurate financial value to be assigned. These include:

- Ensuring full delivery of savings plans identified in the annual plan including the pipeline opportunity values,
- Receipt of all anticipated allocations including performance requirements in order to secure full retention,
- Optometry contract funding awaiting further confirmation - flm
- Workforce absence/ vacancies, availability of staff for safe service delivery,
- Delayed transfers of care due to LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Impact of any further strike action,
- Impact on service delivery and performance on waiting times because of savings required,
- 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
- Health & Safety fines.

Opportunities for the Health Board include:

- VAT rebate opportunities,
- Other income/ funding opportunities,
- Energy forecast changes,
- Work to identify new pipeline opportunities, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

4. Ring Fenced Allocations (Tables N, O & P)

Table P has been completed but will be subject to review and refinement for future months. With regards to Mental Health SIF, this funding has been delegated to the Mental Health/ Family and Therapies divisions who are currently operating to deliver all service priorities and are over-committed in terms of budget variance.

Tables N (GMS) and O (Dental) will be completed from month 6.

S. Agency/ Locum (Premium) Expenditure (Tables B2 Sections B & C)

Variable and agency expenditure continues at a high level, albeit reduced compared with 2023/24. Expenditure in month 4 of £6.8m was higher compared with June (£0.7m) which is linked to the following:-

- Agency credit transaction received in month 3
- Increased enhanced care patients within Medicine and Mental Health
- Health & Safety issues on wards in RGH requiring additional nursing cover.
- Increased sickness within YYF
- Medical cover for vacant posts, sickness and additional RTT activity.

6. Savings (inc Accountancy Gains & Income Generation) (Tables C, CI, C2 & C3)

As part of the annual plan submitted by the Board to Welsh Government (March 2024), the financial plan for 2024/25 identified 2 elements to the savings plans for 2024/25:-

- Divisional plans alongside Corporate schemes and targets - £29.1m
- Pipeline opportunities - £11.4m

As at month 4 the pipeline opportunities of £11.4m have now been converted into savings schemes, except for a small residual amount as 'corporate savings'.

Category	March submission	May submission	Month 4
Identified savings plan (fm)	(29.1)	(34.4)	(40.5)
Pipeline opportunities (fm)	(11.4)	(6.1)	-
Additional savings (CTM and further opportunities)			(1.8)
Total Savings forecast	(40.5)	(40.5)	(42.3)

The Health Board will continue to pursue further opportunities to mitigate/ offset the risk to the planned savings and increases in new operational pressures.

The month 4 year to date delivery of savings plans is £9.9m. Planned savings for this period were £7.6m. The additional savings above plan relate to a wide range of areas including CTM, energy forecast reduction, Welsh Risk Pool income as well as smaller workforce and medicines management savings.

In response to Action point 3.2; this is noted and savings plans were re-classified in discussion with the relevant Division and V&SB areas in order to ensure accurate and consistent reporting. This is an on-going exercise as savings schemes are being monitored for delivery.

In response to Action point 3.3; the savings schemes have been reviewed and those indicated as 'other' have been re-categorised accordingly. This is an on-going exercise with operational Divisions to ensure consistent and accurate reporting for the individual schemes.

The Health Board continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

7. Income Assumptions 2023/24 (Tables D, E & EI)

Table D - Welsh NHS Assumptions

This table has been completed in line with the guidance.

Table E - Revenue Resource Limit

This table has been completed in line with the guidance. The Month 04 financial position is based on total allocations of £1,742.9m, of which £1,704.1m are received and £38.8m are anticipated.

Allocations are anticipated on receipt of a notification from WG, including Policy Leads and finance colleagues.

- CHCReal living wage costs for 2024/25 have now been anticipated.

The Health Board's forecast is reliant on the receipt of receiving allocations for PADMs and overseas nurse recruitment and these will be anticipated once WG

correspondence has been agreed/received. In addition, the Health Board is expecting to receive c.£1m relating to Optometry contract costs.

The Health Board has been made aware of additional targets that must be met in order to receive the full value of the local 6 Goals funding, this could be a risk to funding of c.£1.4m. At this stage the Health Board is assuming it will receive all of this funding.

A list of anticipated allocations is included in Table E.

The Capital MMR table shows the outturn capital charges position for the Health Board. The position confirms the DEL and AME outturn positions which includes the allocation adjustments agreed with WG colleagues. All figures are subject to change.

8. Healthcare Agreements and Major Contracts

LTAs have been agreed with all provider and commissioners with the exception of Velindre NHS Trust and CTMUHB.

Financial agreements have been reached with Velindre however there are some ongoing discussions regarding activity delivery assumptions. This is assumed to be resolved before month 5 reporting.

ABUHB sent a signed LTA document reflecting the Welsh Government arbitration outcome to CTMUHB on 31st July and we are awaiting the return of the document signed by the CTMUHB Chief Executive. The arbitration outcome is fully reflected in the Health Boards Financial position.

ABUHB has recognised the current end of year forecast deficit risk share of £0.72m, however there are risks reported, on an overall basis, above this that have not yet been recognised. Including:

- Savings achievement - plans to be found for £3m
- NHS England wage award - assumed funding from WG
- The transfer of Velindre non-specialist and drugs pass through, where funding will be transferred on a 23/24 basis - no variances against this are currently shown
- WAST - £3.2m risk for Technician re-bandings. Currently assumed WG funding available.
- Any over-performance as a result of meeting the Ministers KPI's - ie Plastics.

JCC have a work plan over the summer months prior to the next JCC meeting on the 20th August and public committee on the 17th September, where they will provide a full update on the forecast to the JCC and potential options required to break even overall, this may then result in a revised forecast for ABUHB.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

Table F - Statement of Financial Position

The main changes in the balance sheet from the end of 2023/24 relate to:

- A net reduction in trade and other receivables of £17m from year end. This is mainly due to an increase in Non-NHS prepayments and a decrease in Welsh Risk Pool Income.
- A net reduction in trade and other payables of £15m from year end. This is mainly due to the reduction on trade payables, NHS Creditor and the timing of the Exeter accrual payment, which have been partially offset by an increase in Non-NHS accruals and CHC Accruals.

Table M - AGED WELSH NHS DEBTORS

At the end of July 2024, the Health Board had 4 invoices outstanding with other Welsh Health Bodies totalling £444,196.

Public Health Wales NHS Trust - 1 invoice totalling £63,000. We have contacted PHW to request an urgent payment date.

Powys Teaching Local Health Board - 2 invoices outstanding totalling £90,594. We have contact Powys to request urgent payment of both invoices.

Velindre University NHS Trust - 1 invoice totalling £290,602. We have contacted Velindre to request an urgent payment date.

In response to Action point 3.4; we can confirm that all invoices raised in 2023/24 to our NHS Wales counterparts have now been cleared.

10. Cash Flow Forecast (Table G)

The cash balance held at the end of July is £5.633m which is made up of £5.080m relating to revenue and £0.553m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6m.

The Health Board is forecasting an overspend of £47.856m in 2024/25. This overspend has been reflected in the cash flow table and will require strategic cash support towards the end of the year.

Currently, the Cashflow is reflecting the following:

	P01-25	P04-25	P12-25
	Opening	Current	Closing
	£'000	£'000	£'000
Capital Balance	793	553	21
Revenue Balance	3,352	5,080	(46,056)
Total Balance	4,145	5,633	{46,035}

The cash flow table is showing a forecast overdrawn balance of £46.035m in March 2025, which is made up of the following and assumes a cash balance held at the end of 2024/25 of £1.821m (£1.8m revenue and £0.021m capital).

	Revenue	Capital	Total
	£'000	£'000	£'000
C/F Balance	1,800	21	1,821
Deficit/ Strategic Cash	(47,856)	0	(47,856)
Total	{46,056}	21	{46,035}

11. Public Sector Payment Compliance (Table H)

This table is not required for month 4.

12. Capital Schemes & Other Developments (Tables I, J & K)

Table I has been completed in line with the latest CRL issued on 12th July 2024.

The approved Capital Resource Limit {CRL} as at Month 4 totalled £63.870m. Forecast overspends totalling £1.993m against various All-Wales Capital Programme (AWCP) schemes (detailed further below) are being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The overall underspend of £0.008m shown relates to funding to be returned in relation to the ICF Pontllanfraith Feasibility scheme.

Table J indicates a validation error against the minimum in year forecast for the Grange University Hospital - Brokerage pending VAT reclaim scheme. This is due to the current YTD spend being more than the minimum spend forecast. The validation error will be corrected when the expected VAT recovery credit is received and factored into the minimum spend validation calculation.

AWCP Schemes

Newport East HWBC

Construction of 19 Hill Health and Well-being Centre (Newport East) is progressing well. The expected hand over is now late November/ early December 2024. The overall project budget remains under pressure due to additional asbestos and utility costs with a forecast overspend of £237k which is currently being funded by DCP. A further funding bid is intended to be submitted via the Integration and Rebalancing Capital Fund (IRCF) route in August to mitigate the position.

NHH Satellite Radiotherapy Centre (including RAAC works)

Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion forecast to be 30th January 2025. The overall scheme is forecast to be £0.541m under budget largely because of VAT recovery savings. The 2024/25 resource limit was reduced during June by £0.500m to reflect the expected under spend in the current financial year. There is potential for further slippage if the contingency budget is not required in full in 2024/25, however, the allocation will be retained until the Linac installation is more progressed. There is also a potential gainshare which could reduce 24/25 expenditure further as the contractor is currently forecasting a defined cost that is £559k plus VAT below the agreed revised contract prices. It is expected that a firmer gain share position will be available in October/ November 2024.

EFAB - National Programmes: Infrastructure/ Fire / Decarbonisation

Several of the larger EFAB schemes that commenced in 2023/24 continue into 2024/25 including Gian Usk roof replacement, St Cadoc's Duct safety works and the Fire alarm replacements at RGH and St Cadoc's. These schemes are all anticipated to complete during 2024/25.

CAMHS - Sanctuary Hub (Plaid agreement and HCF Funding)

The CAMHS Sanctuary Hub scheme has been delayed due to asbestos removal with expected completion now anticipated for September 2024. The scheme is currently anticipated to be within budget.

Grange University Hospital - VAT Reclaim

The final VAT recovery claim for the main scheme was submitted to HMRC in September 2023. The Health Board is currently responding to Information requests from HMRC and anticipate the final claim will be agreed in 2024/25, however, this assumption will need to be reviewed prior to fixing the CRL allocations in October if the claim has still not been approved. The maximum in year forecast estimate included in table J is the position if HMRC does not agree the claim in the current financial year.

GUH Emergency Department Extension

Groundworks are underway on the GUH Emergency Department extension scheme with inclement weather causing a delay. Year to date expenditure is significantly behind the original cashflow provided by the contractor however an underspend is not being reported at this stage as the project team are actively investigating acceleration options. The anticipated completion of Phase 1 is now February 2025 with Phase 2 estimated to be May 2025, however, these may be improved with the implementation of agreed acceleration options. The overall scheme is currently anticipated to be within budget.

Ty Gwent

The building lease was signed in early March following WG approval. The initial set up works and IT infrastructure requirements are being progressed with full spend expected to be achieved this financial year.

RGH Blocks 1 & 2 Demolition and Car Park

A forecast over spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme because of additional asbestos and delays due to nesting birds. This overspend is being funded via the DCP. Further survey works are required to be completed by the Civil Engineers before the programme can be confirmed.

YYF Unified Breast Unit

The final account is being agreed for the new Unified Breast Unit at YYF. Once agreed, the final VAT recovery claim can be made to HMRC. The allocation of £0.111m confirmed for 2024/25 is being used to support additional equipment and IT requirements for the unit.

RGH Endoscopy

Expenditure against this scheme is now complete.

DPIF - Digital Year End Funding - January 2024

The slippage amount of £20k is expected to be spent by quarter two of 2024/25.

ICF - Pontllanfraith Feasibility

This scheme is now complete with a saving reported of £8k. The funding remaining will need to be repaid via the RPB process.

Emergency Department Improvements - 2023/24

Spend against the slippage amount of £55k is now complete.

Housing with Care Fund

Spend against the slippage amounts totalling £21k is now complete.

DPIF - Digital Year End Funding - February 2024

The slippage amount of £53k is expected to be spent by quarter two of 2024/25.

Diagnostic Equipment

Spend against the slippage amount of £35k is now complete.

Year End funding- January 2024

Spend against the slippage amount of £49k has commenced and is expected to be completed during 2024/25.

IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery

The external teams have been appointed and work has begun on the OBC stage.

IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development

The external teams have been appointed and work has begun on the OBC stage.

Purchase of Head Lease - Chepstow Hospital

The purchase of the head lease completed in June. The remaining funding relates to outstanding fees and works costs.

Diagnostic Equipment Funding 2024/25

The equipment order has been placed. The works order is being urgently progressed so that the scheme can complete during 2024/25.

Bevan (Tredegar) H&WBC

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is anticipated to complete in November 24. The scheme is forecasting an overspend of £1.667m in 2024/25 which includes the settlement agreement reached with the contractor in respect of two disputed compensation events (£1.115m). The overspend is being offset by the DCP, with the settlement agreement being offset by the release of the provision set up within the DCP in 2023/24. The overspend figure has decreased in month by £0.297m due to delay damages recouped in the July payment. An additional funding bid to WG is planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging, disputed compensation events and other required changes. These currently unfunded costs total £2.2m plus VAT.

Tredegar H&WBC has been included as an AWCP scheme (despite there being no CRL funding allocated) as the current scheme funding ended in 2023/24. The reported expenditure incurred during 2024/25 is an overspend against the AWCP scheme which is being offset by a corresponding underspend against the DCP.

DPIF - RISP

This allocation was awarded in July. Orders are in the process of being placed to fully use this allocation during the current financial year.

Backlog Maintenance

This allocation was awarded in July. Orders are being urgently progressed to ensure this allocation is fully spent during the current financial year.

Discretionary Capital Programme

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.772m 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

- Plus NBV of assets disposed - £0.002m

The current forecast spend for approved DCP schemes is £6.779m. This equates to an under spend of £1.993m which is required to offset the reported overspends on AWCP schemes and includes the release of the provision set up within the DCP in 2023/24 in relation to Bevan Health and Well-being Centre totalling £1.115m.

During July urgent schemes totalling £0.138m have been approved including replacement theatre lights at RGH and replacement fridges and air conditioning for Pathology. Conversely, the DCP contingency budget has been replenished by scheme forecast reductions totalling of £0.534m including AWCP contributions to capital planning staff costs (£0.100m), the removal in 2024/25 of fees to support the Llanfrechfa Masterplan (£0.050m) and a reduction in AWCP overspends required to be funded by DCP (£0.370m - includes the Bevan and 19 Hill Health and Well-being Centres). As a result, the contingency budget remaining at Month 4 is £1.021m.

13. IFRS 16 (Table Q)

The IFRS16 estimates for approved schemes included in Month 4 are as per the June Non-Cash return except for a reduction in DEL depreciation requirements of £189k. The depreciation requirement for the newly approved Surgical Robot lease was double counted within the June Non-Cash return so this has now been corrected in the month 4 position and will be updated in the August Non-Cash return.

The unapproved section of the table reflects the leases included within the IFRS16 return submitted on the 31st July.

Other Issues

Risk Management

Claims submitted to the Welsh Risk Pool awaiting reimbursement at the end of July 2024 total £1.804m. £2.832m has been reimbursed up to the end of July 2024.

The total payments made by the HB equate to £34.842m of which we have submitted reimbursement claims for £1.804m leaving a balance of £33.038 relating to claims not yet reimbursed.

CREDITORS

Attached to the returns is a separate file containing the following information in relation to outstanding creditors: -

- All outstanding creditors we currently have identified with other Welsh Health bodies as at 8th August 2024.
- Response to the month 3 list of creditors circulated as part of the monthly reply letter.

14. Authorisation

Financial Performance is reported consistently in Board papers and external reporting including the MMR, however, internally these are presented in a more user-friendly way. The MMR Narrative and key tables are submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The dates for future Board meetings are as follows:-

- Wednesday 25th September 2024

The dates for future Finance and Performance Committee meetings are as follows:-

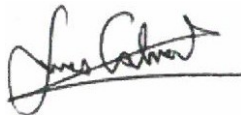
- Monday 9th September 2024
- Monday 16th December 2024
- Monday 17th February 2025

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed by two parties, by the Chief Executive and the Director of Finance. Where timescales and availability prevent this the Deputy Chief Executive will sign on behalf of the Chief Executive and the Deputy/ Assistant Director of Finance (Financial Planning) will sign on behalf of the Director of Finance.

o)om)Q

Suzanne Jones

Assistant Director of Finance (Financial Planning)
Cyfarwyddwr cyllid cynorthwyol (Cynllunio Ariannol)



James Calvert

Deputy Chief Executive Officer
Dirprwy Prif Weithredwr

Submitted with this report are:

- Monthly Monitoring return Tables
- All outstanding creditors we currently have identified with other Welsh Health bodies as of 8th August 2024, and the
- Response to the month 3 list of creditors circulated as part of the monthly reply letter.

Appendix 1

Aneurin Bevan Health Board

Monthly Monitoring Returns - Current Period Action Points 2024/25

Month	Action Point	How responded to
2023/24 Month 12	No action-points	
2024/25		
Month 1		
1.1	The forecast outturn is phased unequally and is much higher in the first 6 months of the year. Please consider adjusting the opening plan section (e.g. using Line 7) to enable a straight-lined opening plan profile to be reported on Line 14.	See Commentary
1.2	We note that a number of future month expenditure profiles have been straight-lined. We trust expenditure profiles will be further refined at month 2.	See Commentary
1.3	Within future narratives, please ensure confirmation is provided where any unidentified savings/mitigating actions supporting the outturn position are being phased within the SoCNE (e.g. all against non pay).	See Commentary
1.4	Your narrative lists a number of challenges that the Health Board faces in the achievement of the 2024/25 financial forecast. However, these differ in terms of quantity and/ or detail to those listed on table A2. Please improve the consistency between the two documents in your month 2 submission, noting the following extract of the MMR guidance:	See Commentary
1.5	The annual forecast pay savings in Table C of £10.682m are higher than the workforce savings reported in Table C2 (£9.443m). Please review the categorisation of savings in the tracker and if there remain differences between then categories in future months, provide a supporting explanation in your narrative.	See Commentary
1.6	The total Capital Cash Drawing Limit (£53.551m) does not agree with the Capital Cash Limit on the Master CRL (£52.231m). Please correct the variance in your next return.	Noted/ See Commentary
1.8	Please ensure that the MMR template circulated with the MMR WHC is the version used to complete and submit your month 2 return.	Noted
Month 2		
2.1	While significant movements have been explained in your narrative, the phasing of expenditure for Healthcare Services provided by Other NHS Bodies and Other Private and Voluntary Sector that are c£0.7m above and c£0.7m below respectively that which a straight-line profile would result in, is not explained. Please provide this detail in your month 3 submission.	See Commentary
2.2	Your narrative states that "non pay expenditure has significantly reduced compared with April (£4m) mainly due to non-cash limited expenditure reductions linked to the Ophthalmic contract". Please provide further detail on this point, including describing any corresponding impacts on your income forecast.	See Commentary
2.3	Please ensure that all future narrative submissions include an explanation for each variance highlighted within this table.	Noted
2.4	Please provide supporting information in your month 3 narrative to explain the following seen in your month 2 return. Please also add narrative for any further variances occurring at month 3 <ul style="list-style-type: none"> Decrease in Medical & Dental Agency/ Locum (Table B) forecast expenditure by £4.SIOm 	See Commentary

	<ul style="list-style-type: none"> • Decrease in Nursing & Midwifery locum (Table B) forecast expenditure by £4.212m • Decrease in Estates & Ancillary (Table B) forecast expenditure by £0.875m. • Decrease in Vacancy (Table C) forecast expenditure by £5.772m. • Decrease in Additional Activity (Winter pressure) (Table C) expenditure forecast by £1.943m. • Decrease in sickness expenditure forecast (Table C) by £1.481m. 	
2.5	Please provide further detail relating to the £0.723m increase in non-pay expenditure on table A2 (Covid-19 Vaccination programme).	See Commentary
2.6	The YTD Capital funding (£7.500m) is less than the value of capital payments (£8.029m) made by £0.629m. Please advise the source of the additional funding to enable these payments to have been made.	See Commentary
2.7	The capital scheme 'Tredegar H&WBC' has not yet been included in the latest CRL. Please provide detail in your next narrative submission as to the reasons for the inclusion of this scheme in the table.	See Commentary
Month 3		
3.1	There have been significant movements within the substantive pay position that are not explained in your narrative commentary. Please provide reasons for the following variances: <ul style="list-style-type: none"> • forecast expenditure for Nursing and Midwifery increase of £5.887m • forecast expenditure for Additional Clinical services increase of £3.876m • forecast expenditure for Medical and Dental increase of £1.9m. 	See Commentary
3.2	We note that previous month savings have been reclassified, please ensure such changes are highlighted and explained in the narrative	Noted/ See Commentary
3.3	There are savings included in 'other' categorisation with no explanation in the narrative. Please include this information in your month 4 narrative.	Noted
3.4	It is disappointing that there are unpaid 2023/24 invoices with no set payment date, which should have been paid by the 20th May. We trust that these invoices have since been resolved (paid or cancelled) as they must not be listed as outstanding within Table Mat month 4.	See Commentary



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 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 £29.1m of savings and £11.4m of opportunities to be progressed. 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.

As at month 4 the savings position is reported as £42.3m (green and amber), £1.8m above target levels.

The table overleaf illustrates the V&SB category savings performance.

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	14	£819	£563	£-256	£8,443	£6,953	£-1,490
Medicines Management	9	£700	£787	£88	£3,518	£4,099	£581
Procurement & Non-pay	94	£3,394	£5,190	£1,796	£15,115	£18,241	£3,126
Service Redesign	8	£213	£198	£-15	£3,624	£2,547	£-1,077
Workforce	59	£2,503	£3,183	£680	£9,808	£10,424	£616
Total	184	£7,628	£9,920	£2,292	£40,508	£42,265	£1,757

Further Opportunities are constantly being sought and the QIA reviews are progressing to ensure all options are impact assessed for future consideration as part of the three-year route map to sustainability.

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 - enabler
- Digital – Director of Digital - enabler

These workstreams consider and progress both national and local opportunities.

This report provides an update on progress of the programme workstreams for the committee for the end of August 2024.

Asesiad / Assessment

Medicines Management V&S update August 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 June National Value & Sustainability Board detailing and monitoring all Wales National Priorities.

KEY HIGHLIGHTS OF PERIOD

Positive Progress During Period

Focus remains on the National priority areas identified by NHS Wales Value & Sustainability Board.

- Themed reviews continue through the Medicines Management Programme Board. The most recent being a Therapeutic review for chronic pain.
- A new high-cost drug dashboard has been established to highlight any patients who may need an MDT review.
- Work has been initiated with GP practices to limit the use of bath and shower emollients.

Next Steps

There will be a continued focus on the key priority areas including further bio-similar work and completion of switches of bath and shower emollients.

The DOAC work programme will be progressed, including a review of the opportunity from the price reduction of rivaroxaban, piloting the SOP switch to apixaban and reviewing a dispensing practice that has switched patients from apixaban to Eliquis with an associated increase in expenditure.

Challenges

Biosimilar Adalimumab (Yuflyma) homecare company no longer offering face to face training for devices, therefore leading to delays for those patients that cannot manage virtual training.

Number of patient concerns being raised regarding prescribing changes for bath and shower preparations.

Mitigations

Escalation of current issues to SRO / Executive Director for Public Health and Strategic Partnerships via Medicines Management Programme Board.

Medicines Management Programme Board Actions

The Clinical Director of Pharmacy provided an update on 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 has now been circulated to Divisions, Pharmacy and Finance colleagues and is picked up as part of identifying further opportunities on-going work.

Medicines Management Programme Board Month 4 Finance Review

Attached is the Month 4 Medicines Management Finance Paper including a new Medicines Management Finance Dashboard, a Further Opportunities log and additional information covering the latest financial position, expenditure trends, Primary Care prescribing PAR information, Savings Performance and Optimising Medicines Value.

Savings delivered in 2023/24 were £6.0m. Savings of £4.1m are forecasted for 2024/25. A number of further potential opportunities are being progressed within Divisions and their local Pharmacy teams.

Value & Sustainability - Medicines Management 2024/25

01/04/2022 31/07/2024



Medicines Management savings summary 2024/25 (£'000)

Division	Green	Total
Clinical Support Services	£8	£8
Families and Therapies	£210	£210
Medicine	£223	£223
Primary Care and Community	£3,318	£3,318
Surgery	£341	£341
Total	£4,099	£4,099

Annual Plan savings (£'K)

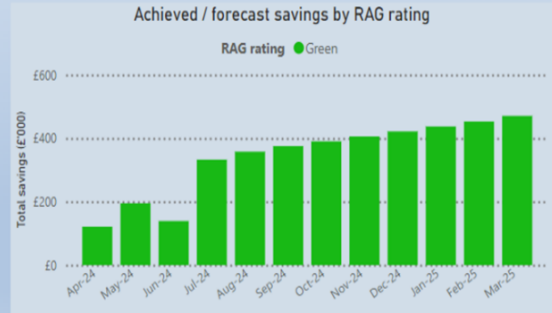
£3,518

YTD achieved (£'K)

£787

Total Forecast savings (£'K)

£4,099



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Value & Sustainability Board – Workforce Update August 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 meeting pack. The Action Plan and Terms of Reference for this group has recently been redrafted to include the actions outlined in the Welsh Health Circular 2024 031 “Agency Workforce Reduction Programme and Control Framework”

In line with the WHC the Key Focus Areas are:

- Data Management and Governance
- Fair transparent pay for substantive hours
- Establishment Control
- Job Planning
- Review of Specialist Bank Rates process – £2m annual opportunity
- Review of Medical Agency Spend – circa £1m a month spend
- Facilities conversion of Bank and Agency to Substantive – £ impact TBC
- 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 – £ impact TBC
- Roster Deep Dives – £ impact TBC
- 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 - £ impact TBC

Challenges

- Continued high demand for bank and agency due to service pressures
- National and International skill shortage, in a competitive recruitment environment
- Demographic profile of workforce
- Sickness absence remains high
- Industrial Action
- RNC request for re-evaluation on standard job descriptions

National Work

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

- 1) Administration Review
- 2) Establishment Control
- 3) Retention
- 4) Band 2/3s
- 5) Agenda for Change Bank Incentivisation
- 6) Insights – strengthening base line intelligence, and monthly reporting to WG on agency spend
- 7) Recruitment – focus on international
- 8) NSLA – Nursing headroom review to include education of ward managers on roster management
- 9) 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

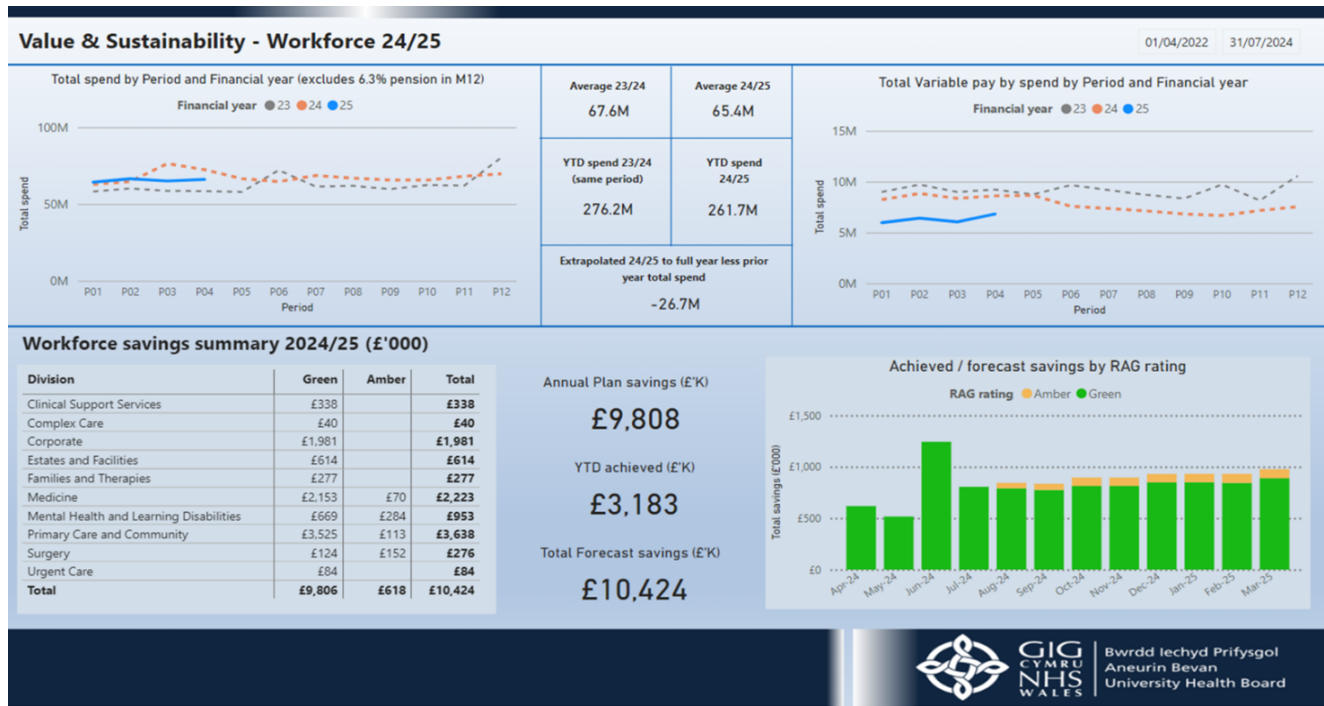
Local ABUHB work aligned to national priorities but continuously reviewed and updated.

Enhanced Care – Variable pay focus

The attached report provides a comparison of ABUHB use of enhanced care with other health Boards (where they have been made available). The report outlines the significant opportunity to ABUHB as a benchmarked outlier compared with other health boards. There is also a summary of the work undertaken by the ABUHB nursing team to review and identify at a detailed level the ABUHB use of enhanced care and the opportunity to reduce usage aligned with best practice criteria, a range

of £2m to £4m in terms of financial opportunity is reported. A further programme of work is being developed to drive this efficiency forward.

Appendix 1 provides further detail.



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

ABUHB V&SB Executive lead – Director of Planning

ABUHB Service Re-Design

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

Achievements to date:

- Inpatient Re-Configuration (Bed Reductions Phases 2 and 3) - £1m in current forecast for 24-25, options appraisal to scope further bed reduction opportunities across the Divisions of Medicine/MH&LD/PCC, to be shared with Chief Operating Officer/Executive Director of Nursing end of September
- Inpatient Re-configuration (Bed Reductions Phase 1) - £0.7m additional opportunity in forecast driven from revision of staffing assumptions for Ready to Go ward and additional medical staff benefits to be measured, model to be evaluated with potential to spread across other sites
- Managed Practices - £1.9m in current 24-25 forecast
- WAST Intersite Transport - £1.3m in current 24-25 forecast

Next Steps / Opportunities:

- Inpatient Re-configuration (Phase 4 Bed reductions) - £ impact TBC
- Medical Model – £ impact TBC

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

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

Appendix 2 provides further detail.

Continuing Healthcare V&S update August 2024

ABUHB V&SB Executive lead – Chief Operating Officer

National Value & Sustainability Board

An update was provided to the June National Value & Sustainability Board.

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)
- All ABUHB patients have now been reviewed

Value & Sustainability CHC delivery

As at Month 4 savings of £6.953m have been identified against a plan of £8.443m. £3.352m are currently rated green and £3.602m rated amber. Work is progressing across the three Divisions to make up the shortfall against the Annual Plan.

KEY HIGHLIGHTS OF PERIOD

Positive Progress During Period

Complex Care

- Progressing with work to support management and reduction of enhanced care usage in care homes

Mental Health & Learning Disabilities

- The pathway panel Terms of Reference are being refreshed & focus groups set up to consider relevant process and arrangements
- Development of the Community Infrastructure work has commenced with SRO identified a first meeting held
- Monthly disputes review meeting established to ensure internal actions and escalation to Senior Management Team / Execs where required
- Commissioning structure/accountability change proposed and agreed by SMT to move budget accountability to Directorate
- NCCU review complete

Family & Therapies

- Disputes meetings are on-going

NEXT STEPS

Complex Care

- Pilot to be developed to maximise opportunity for managing and reducing enhanced care in care homes
- Review protocol for use of cohort model care home
- Outcome of workforce review expected end of August
- Action on legal advice for contract adjustments when received
- Progress identifying resource to review high-cost placements

Mental Health & Learning Disabilities

- Finalise the disputes process policy
- Joint LA / HB Complex Care Board to be re-established as forum to discuss joint issues
- Continue to chase West Sussex
- Further focus on the review process for commissioned packages

Family & Therapies

- Quarterly deep dive on the CHC database
- Explore external funding Opportunities

CHALLENGES

Complex Care

- Delay in contract adjustment being taken forward whilst awaiting legal advice on consultation feedback
- This is also impacting on processing other schemes linked to the Gwent Care Home Fees
- Identifying resource to review high-cost placements outside of the Division

Mental Health & Learning Disabilities

- Vacancies in Commissioning team impacting on capacity
- High-cost Transition cases
- Funding disputes with Local Authorities

Family & Therapies

- Repeated “over commissioning” of healthcare professionals within social care packages

MITIGATIONS

Complex Care

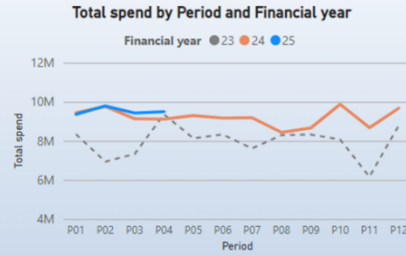
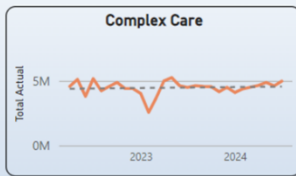
- Progressing with work to support management and reduction of enhanced care usage in care homes
- Divisional locality peer reviews of high-cost placement to commence

Mental Health & Learning Disabilities

- Recruitment to vacancies being progressed
- Cross divisional transition group established to ensure oversight and horizon scanning of transition cases
- Dispute process policy being redrafted with revised escalation process

Family & Therapies

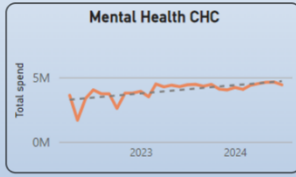
- Current disputes panel next meeting in September



Budget and expenditure 2024/25 (£'000)

Division	Annual Budget %	Annual Budget	YTD Budget (k)	YTD Spend	YTD Variance
CHC and FNC	49.8%	55,132	18,220	19,137	917
Family and Therapies	0.6%	666	282	707	425
Mental Health and LD	49.6%	54,979	17,983	18,222	239
Total	100.0%	110,777	36,486	38,066	1,580

Average spend 23/24	Average spend 24/25	YTD spend 23/24 (same period)	YTD spend 24/25	YTD budget variance 24/25
9.2M	9.5M	37.4M	38.1M	1.6M

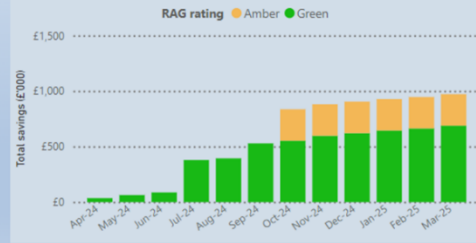


CHC savings summary 2024/25 (£'000)

Division	Green	Amber	Total
Complex Care	£1,402	£1,702	£3,103
Mental Health and Learning Disabilities	£3,850		£3,850
Total	£5,252	£1,702	£6,953

Annual Plan savings (£'K)	YTD achieved (£'K)	Total Forecast savings (£'K)
£8,443	£563	£6,953

Achieved / forecast savings by RAG rating



Value & Sustainability Board – Non-Pay Update June 24

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

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:

- £18.2m expected delivery for 2024/25 – further opportunities progressing.
- Excellent engagement from services
- 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:
 - IV Giving sets - £210k
 - Trauma & Orthopaedic Rationalisation - £200k
 - Advanced Energy Devices Rationalisation - £100k
 - Pacemakers - £90k
- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. 40 contracts identified, 11 progressing as a priority to review with budget holders, 29 being scoped to progress.
- Commissioning - LTA Arbitration with CTM successfully achieve d£1.8m savings, £1.5m above estimates in plan.
- Recovery of high-cost drugs provided to other health board patients being expanded to all divisions.

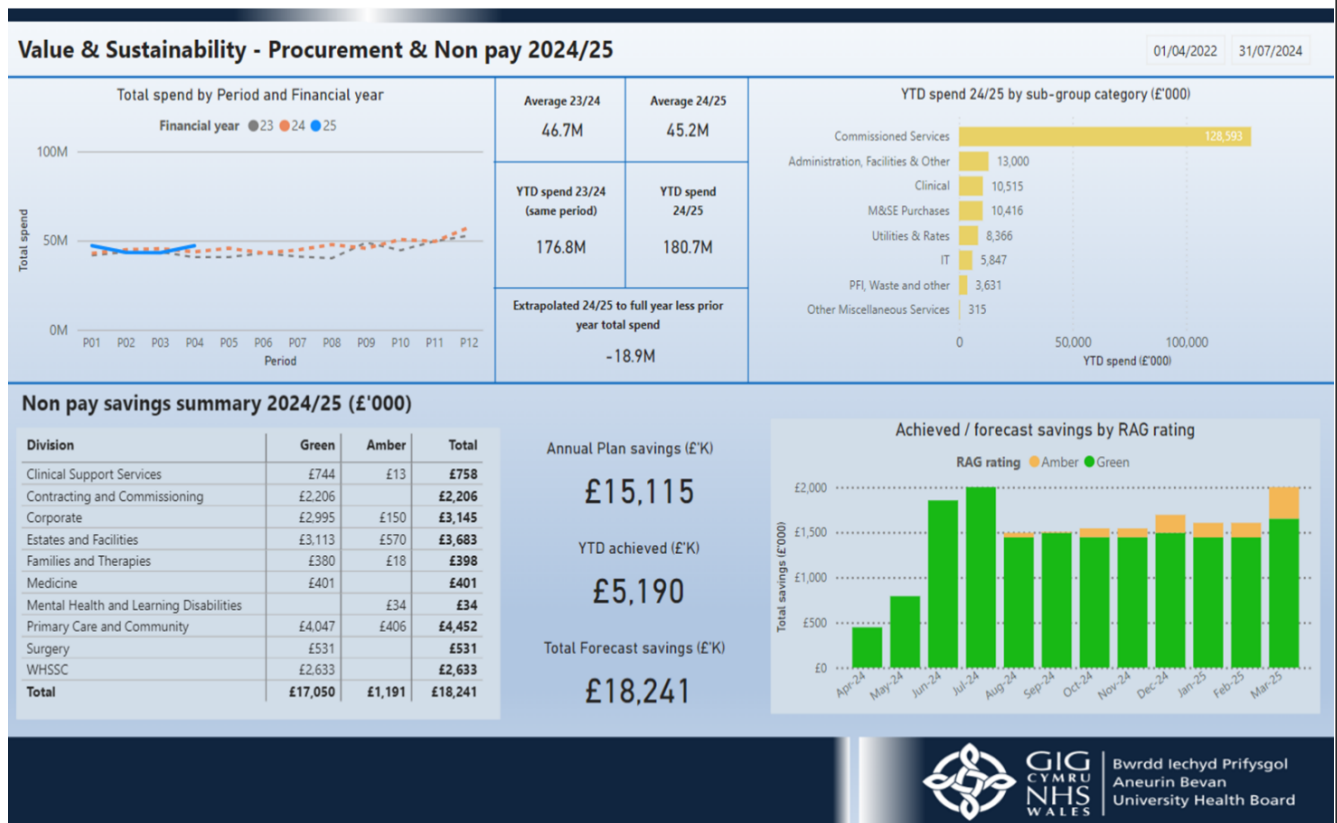
- Procurement training programme developed and being delivered throughout ABUHB divisions and specialties.

National Work

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

- Price & volume
- Contract negotiations and management
- National level market share negotiations
- 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.



Value & Sustainability Board – Prevention Update August 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.

Progressing this work will be through the ABUHB Diabetes Strategy Group, NCN for a and working with WG as part of the national diabetes improvement work.

Value & Sustainability Board – Digital Update August 24

ABUHB V&SB Executive lead – Director of Digital

Positive Progress to date:

- Microsoft Teams voice Proof of concept continue to progress for TY Gwent
- Hybrid Mail – Phase two underway for commencement to digital letters go live TBA
- Dilapidations for Brecon House concluded
- Continued challenge on new IT equipment requests
- Online house roof works to commence September 24
- Telephony Credits agreed – awaiting next Billing cycle
- Attend Anywhere – funding confirmed by WG until March 25

Next Steps / Opportunities:

- Continue to monitor expenditure in the relevant cost centres
- Continue to query and discuss alternative options
- Continue the audit process for Mobiles and Telephony lines - £32k YTD
- Dilapidations for Mamhilad House will continue in the coming weeks
- Pursue funding letters still outstanding – WCCIS £210k, WNCR £69k, Project Income £130k
- Further Robotic Process automation and optimising the use of office 365 functionality across the organisation.

GOVERNANCE IMPROVEMENT

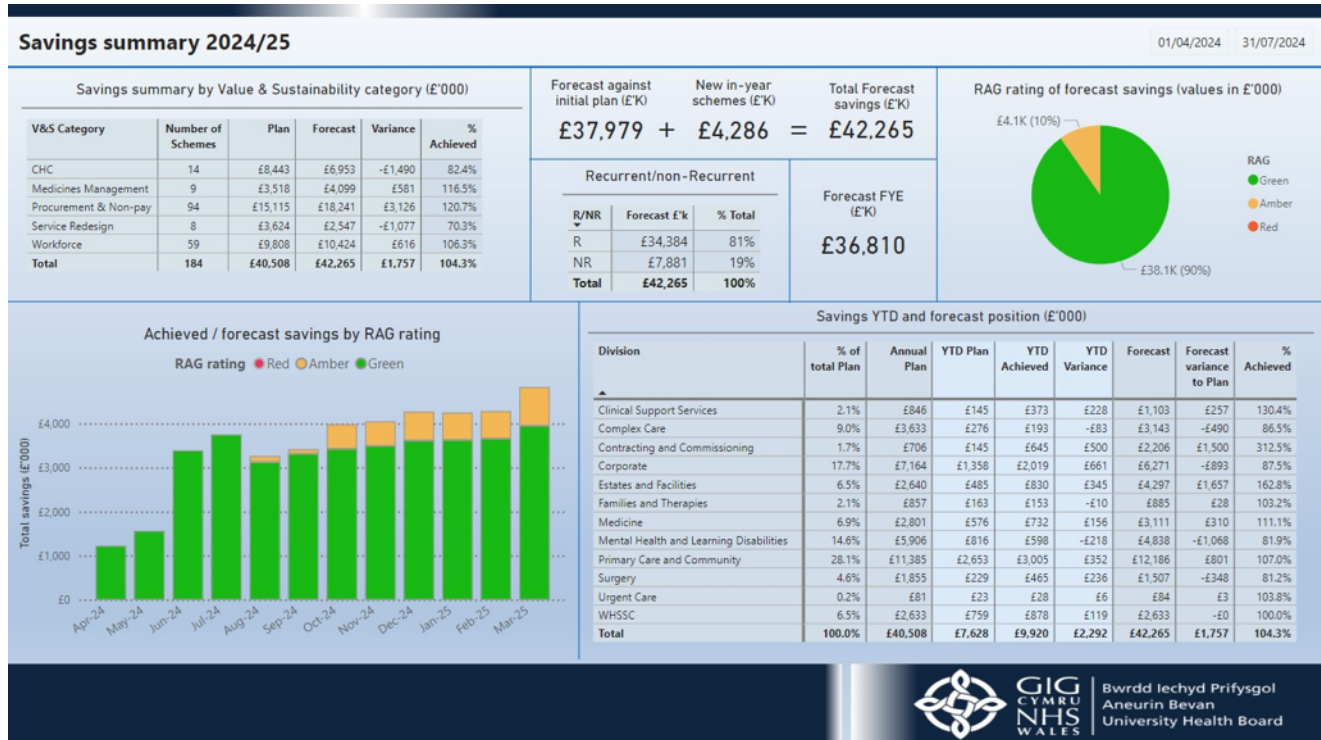
As part of the process for improving governance and 'grip & control' the attached report demonstrates the improvement against the self-assessment checklist issued to budget holders.

The performance has improved to 90% from 83% in October '23. **Appendix 3** provides further detail.

Division	Oct-23		Jan-24		Jul-24		Movement from Oct 23	Movement from Jan 24
	Compliance	RAG Rating	Compliance	RAG Rating	Compliance	RAG Rating		
PCCS	87%	Green	90%	Green	90%	Green	3%	0%
CHC	88%	Green	83%	Green	83%	Green	-5%	0%
MH & LD	79%	Green	85%	Green	94%	Green	15%	9%
SURG	74%	Yellow	78%	Green	96%	Green	22%	18%
MED	77%	Green	77%	Green	85%	Green	8%	8%
URG	93%	Green	95%	Green	95%	Green	2%	0%
F & T	83%	Green	83%	Green	93%	Green	10%	10%
CSS	69%	Yellow	69%	Yellow	81%	Green	12%	12%
E & F	92%	Green	92%	Green	96%	Green	4%	4%

SUMMARY

The below graphic presents the overall 2024/25 savings achievement planned for 2024/25. Further work on future opportunities is continuing and the Quality Impact Assessment process will be reviewing further opportunities as part of the three-year route map to recovery.



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	Choose an item. Choose an item. Financial Balance

[Link to IMTP](#)

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: Glossary of Terms:	V&SB – Value & Sustainability Board 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 QIA – quality impact assessment
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

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



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enhanced Care Comparison with Other Welsh Health Boards for 23-24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe (Executive Director of Finance, Procurement and VBHC)
SWYDDOG ADRODD: REPORTING OFFICER:	Greg Bowen (Assistant Director of Finance Hospital and Corporate Divisions)

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Committee with an overview of 23-24 Enhanced Care usage in ABUHB, and to attempt to provide a comparison to other Health Boards in Wales. The report also summarises the findings of a recent review of Enhanced Care usage internally within ABUHB.

Cefndir / Background

Enhanced Care is a closer level of patient supervision used when staff have risk-assessed a patient deemed to require enhanced observation, care and intervention. This is required to maintain safety, dignity and reduced distress whilst utilising a person-centred approach. Examples include people who are wander-some and at high risk of injurious falls, people with significant cognitive impairment whom are unable to understand their limitations, or those with unstable clinical conditions not meeting the threshold for critical care but require intensive clinical interventions.

There are various levels of enhanced observation, depending on a person's individual needs. This is assessed by a Registered Nurse supported by those involved in the delivery of care.

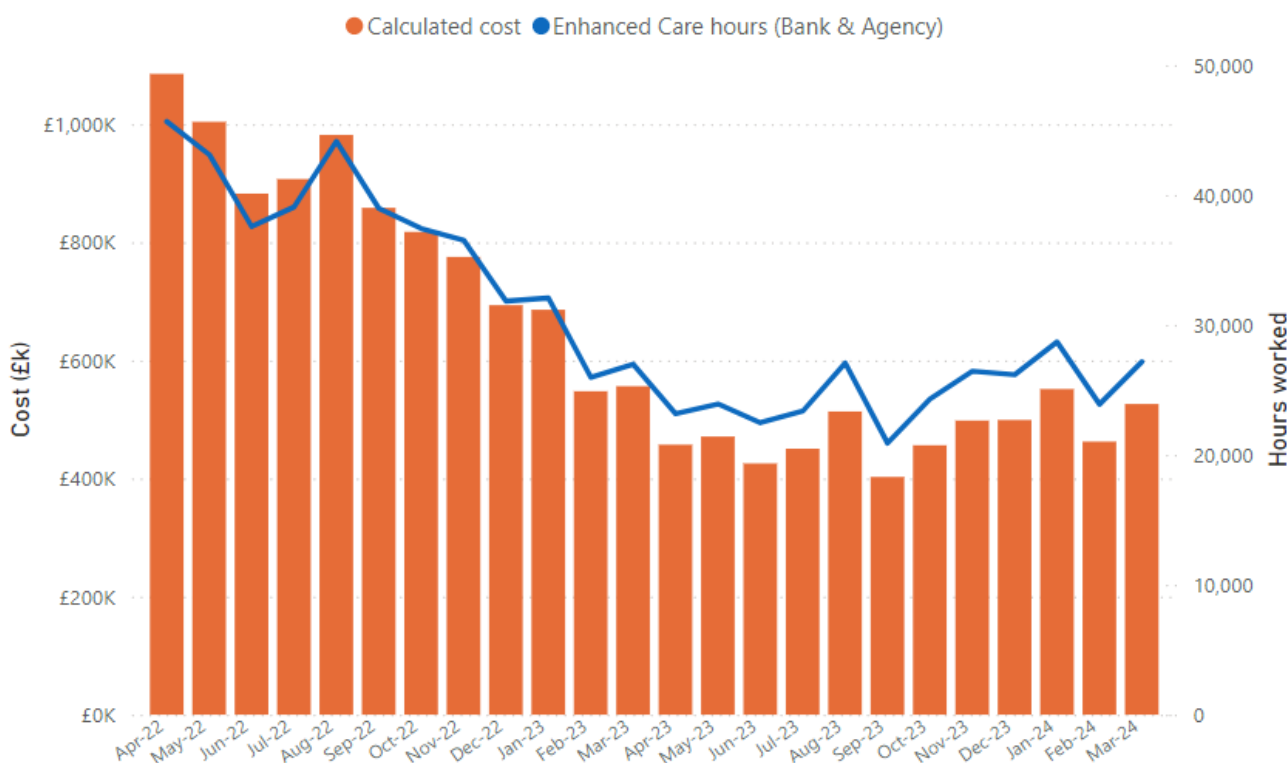
Acuity is determined by using the evidence based Welsh Levels of Care Tool. It consists of five levels of Acuity, as below:

- **L1 – Routine:** The patient has a clearly identified problem, with minimal other complicating factors.
- **L2 – Care Pathway:** The patient has a clearly defined problem but there may be a small number of additional complicating factors.
- **L3 – Complex Care:** The patient may have several identified problems, some of which interact, making it more difficult to predict the outcome.
- **L4 – Urgent and Unstable:** The patient is in a highly unstable and unpredictable condition, either related to their primary problem or an exacerbation of other related factors.
- **L5 – One to One Care:** The patient requires 1 to 1 care and continuous nursing supervision.

The requirement for Enhanced Care typically starts at L3, whereupon the numbers of nursing staff agreed per shift (the funded establishment) are insufficient to effectively manage the patient caseload based on acuity.

This topic is a high focus area for ABUHB and we have seen a significant reduction in the last financial year from the 22-23 levels (see below). Whilst the reduction is very positive, it has been requested that we attempt to illustrate a comparison analysis to other Health Boards in Wales, to provide context of the organisation's current position. This document is able to provide some comparisons, but on an overall basis it has proved very challenging to obtain this data.

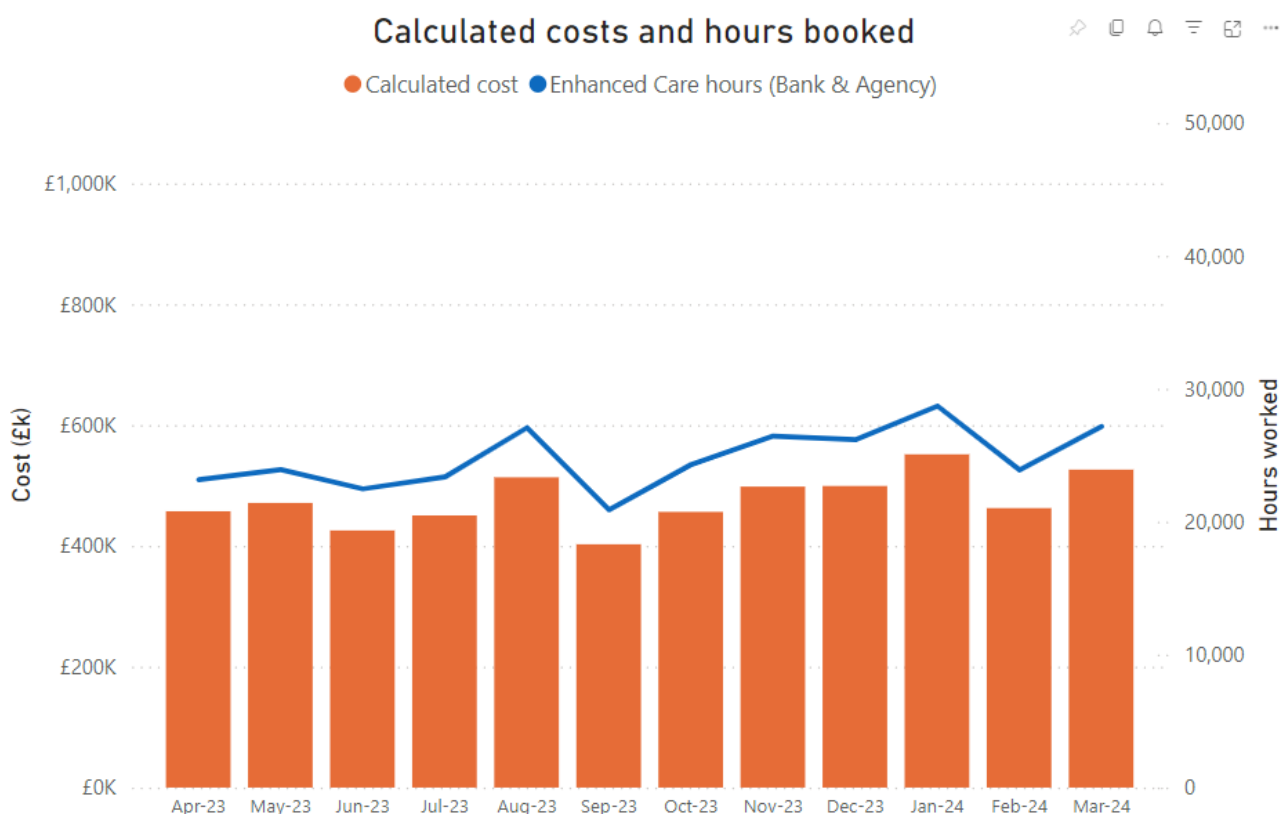
Calculated costs and hours booked



Asesiad / Assessment

23-24 Baseline

In line with the above, the below graph illustrates ABUHB levels of Enhanced Care for the 23-24 financial year:



Key headline metrics:

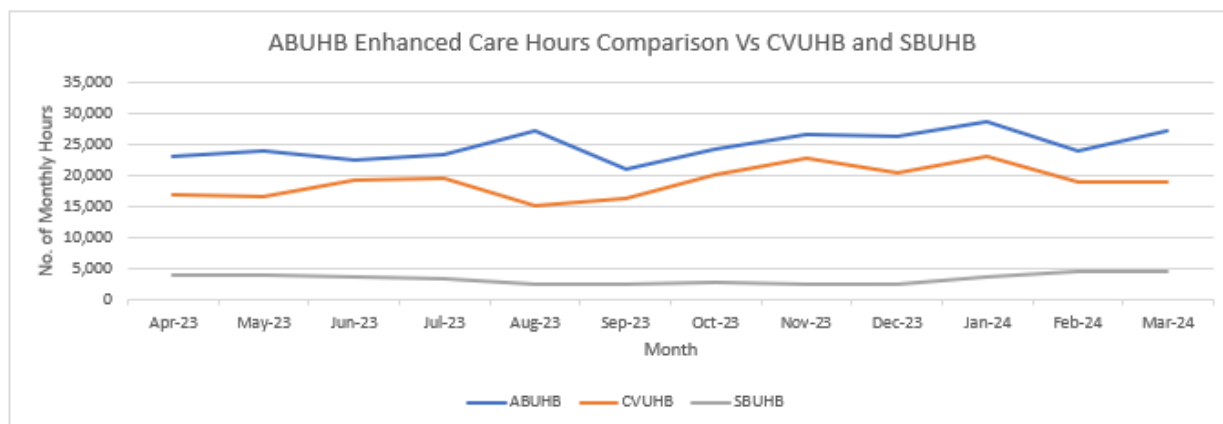
- Total Hours (full-year) – 297,577
- Average Hours per Month – 24,798
- Total Cost (full-year) - £5.7m
- Average Cost per Month - £475k
- Enhanced Care is predominantly resourced with HCSW Bank, although there are instances where RN resource is required for certain types of specialist care, for example patients with Spinal Injuries and Laryngectomy.

Comparison with Other Health Boards

To date we have been able to review and compare with both Cardiff & Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB). Further discussions had been ongoing with Finance colleagues across Wales in terms of obtaining additional info to widen the current comparison. Following discussion it appears that some organisations don't record Enhanced Care

hours in the way that we do in ABUHB and it has therefore not been possible to obtain comparable information.

Below is a comparison of hours of Enhanced Care for the 23-24 financial year between ourselves, and those organisations who have been able to provide us with data:



The ABUHB average of 24,798 hours per month is:

- 30.7% higher than the CVUHB equivalent (18,697 hours)
- 639.0% higher than the SBUHB equivalent (3,356 hours)
- 57.9% higher than the All-Wales average – including ABUHB (15,707 hours)
- 122.2% higher than the All-Wales average - excluding ABUHB (11,161 hours)

The All Wales Average is based on Enhance Care hours for organisations where we have been able to obtain data only i.e. ourselves, CVUHB and SBUHB.

Despite the improvements made in 23-24 and clear evidence of reduction the HB is a current outlier in terms of comparison's against Welsh Peers (although we must note again we have only been able to get comparative data from 2 HB's).

ABUHB Enhanced Care Review

Whilst we have been attempting to obtain comparable data with other Health Boards across Wales an internal review of Enhanced Care usage has been undertaken within ABUHB.

The review has focused on a sample of patients receiving Enhanced Care on wards with the highest usage, and has sought to obtain a better understanding of (i) both the patient and staff experience of Enhanced Care and how this could be improved (ii) identify themes and trends for requesting Enhanced Care and (iii) explore the potential for cost savings through potential different ways of working.

In addition to potential improvements in both patient and staff experience, this also presents ABUHB with a significant financial opportunity of between £2m and £4m annually and is being picked up as part of the Workforce Variable Pay V&SB programme.

Immediate actions to enable progress in this area:

- Amendments to the Enhanced Care Framework document to a 7 day version
- New risk Assessment to align with amended Framework
- Creation of a 'Are you Considering Enhanced Care' flow chart as a staff aid
- Enhanced Care training in development

Argymhelliad / Recommendation

The Committee is asked to note to work performed in an attempt to provide a comparative analysis of Enhanced Care usage across Wales, but to also note the progress internally on the review and the potential opportunity this presents moving forward.

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):	7. Staff and Resources Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	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 Choose an item.

ABUHB V&S Service Redesign

Update as at :- 27 August 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:

- Patient Safety Events undertaken at NHH and GUH in partnership with the Local Authority, aligned to de-escalation, deep dive on patients with over 21 day LOS
- Bed plan – Gen Med meeting on 8th August to discuss the proposal with CDs/DD, preparation for Executive Committee paper on 29th August, bed reduction at NHH, Respiratory service reconfiguration and delivery of Gen Med model at GUH
- NHH Clinical Service Model – refinement of the PID, draft timeline and critical path, service model template development to be signed off by the Programme Board on 3rd September
- NHH Intake Model – explore hybrid Acute Med/Frailty, GP pilot to scope opportunity
- Integrated Front Door workshop held on 6th August with Local Authorities, UPC pilot in ED to scope opportunities to redirect patients, demand for GP at the front door
- INNU paper to VSB 29 August

Challenges:

- Pace of change vs engagement (external and OCP) 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:

- Bed plan – Gen Med model at GUH, Respiratory reconfiguration to Executive Committee on 29th August, reduction of 22 beds, £750k financial target will not be realised
- NHH Clinical Service Model – PID to Executive Committee in September, T&F Group progressing with service models template, resource allocated from Planning/PMO
- SWH rationalisation, project structure in place, sign off PID
- Take forward the actions from the Integrated Front Door workshop, further meeting in September with Local Authorities, draft vision and scope model
- Phase 3 of bed reconfiguration – options appraisal prepared, undertake DAP bed audit aligned to right sizing the bed base
- Theatres – plan for future HVLC activity and hit list, maximisation of PSC slots
- Development of 25/26 plan

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

Progress & Milestones

2024/25 VSB TRACKER - SERVICE REDESIGN



SCHEME	STATUS	DELIVERY MECH	LEAD	MILESTONES	IMP. DATE	24/25 £000s	FYE 25/26	JULY 24 UPDATE	AUGUST 24 UPDATE
SERVICE RECONFIGURATION									
Beds Phase 2 (ward 2)	in financial plan	eLGH Programme	COO	Q1 2024		750.00		Plan to close half ward in NHH beginning of August (14) and other half by Sept - target date of 5th August to align with call bells	Delivered Phase 2i. Half ward closed. To review costing and plan for Phase 2ii Linked to respiratory model configuration - paper to execs 29 August.
Beds Phase 3 (ward 3)	in financial plan	eLGH Programme	COO	Q2/3 2024		750.00		Proposed bed reduction on community wards at RGH, 14 beds by end of August to facilitate rehab and therapy space, further options to be explored as per the options appraisal	Community wards at RGH 14 bed reduction utilised during escalation, plan to take down, options appraisal for the next phase of the bed reduction to be shared with COO mid September 2024
Beds Phase 4 (tbd)	Pipeline	eLGH Programme	COO	Q3 2024		tbc		Options appraisal to be developed - bed plan across the Divisions	Proposal to be developed to inform 24/25 plan pipeline
Further SWH benefits post phase 1 (b)	In forecast	eLGH Programme	COO	Delivered		700.00		IMPLEMENTED. Continue to track benefits of the model	IMPLEMENTED. Continue to track benefits of the model
Managed Practices	in financial plan	PCCS Division	DD - PCS			1,928.00	1,928.00	IMPLEMENTED. Continue to track benefits of the model	IMPLEMENTED. Continue to track benefits of the model
Medical Model	Pipeline	eLGH Programme	COO	Q3 2024 - proposal to Execs and Board		tbc		Small 'test of change' pilots to run in September - UPC GP and Frailty Consultant in AMU, details to be confirmed	UPC model compromised due to pilot at GUH, provisional date 9th September, awaiting revised start date, positive meeting with Frailty re hybrid roles Acute Med/Fraily
SWH rationalisation	Pipeline	eLGH Programme	DD FM	Q1 23/24 - PID		tbc		Development of PID and project structure underway	Finalisation of timelines. Phases to identify first wave moves. Scoping meetings have taken place, in order to re-establish the baseline for STW following moves to RGH. Aim for costed proposal end Q4
Ambulatory Care Optimisation	Pipeline	6 Goals	EDON	Q2 2024		tbc		Actions developed following workshop, actions include development of next day scheduling for SDEC GUH, WECCDS and proposals to pilot an integrated front door to maximize on SDEC / Ambulatory pathways	Data quality has been improved (front and back end) which demonstrates higher throughput of patients and returners than previously recorded / reported SDEC actions from the workshop include integrated front door options which would likely generate biggest gain in terms of SDEC maximisation, governance discussion to be held to determine which programme holds governance (Med Model / Six Goals). GP at GUH pilot will also feed learning into the programme.
ITU / High	Pipeline	Legh Programme	MD	tbc		tbc		Linked with bed plan and gen med model at GUH	Linked with bed plan and Gen med model at GUH, proposed timeline end of October 2024
Intersite transport	in financial plan	Ops (SB)	COO	Q1 2024		1,300.00		N/A	N/A
Ty Gwent	in financial plan (25/26)			Q3 2024	Q3 2024	0.00	25/26	Work progressing well. Notice given on leases. Work to be completed by Oct 2024, staff moves Nov 2024	Work progressing well. Notice given on leases. Work to be completed by Oct 2024. Operational commissioning plan is now being developed in order to facilitate staff moved in November 2024
NHH	Pipeline	eLGH Programme	DOP	Q4 2024		tbc	25/27	T&F Group held to take forward the service models across Planning and PMO, map critical path, PID to Execs in August, SOC to Execs in December	PID to Execs in September 2024, critical path for service models drafted, template signed off, governance to sign off clinical models to be confirmed
CLINICAL EFFECTIVENESS									
INNUS/EBIs	Pipeline	Office of MD	MD	Q1 2024		tbc		Links made with the Programme Manager for the CINs to ensure timely feedback is obtained going forward. Feedback from some CINs has been obtained for discussion at the next AWCEG meeting in August. Work progressing on the development of coding guidance for support implementation of the first 8 interventions. Presentation was due to be made to the WG's V&S Board in July but this has now been postponed to a later date following cancellation of the meeting	Coding guide developed. Feedback expected by 30th August in readiness for signoff at the September AWCEG meeting. MDs asked to identify a coding lead in HB to work with clinicians to ensure implementation of Phase 1 is robust. Feedback from CINs on remaining interventions from phase 1 expected in September
Value In Health Pathways	Pipeline	Value Team	DoF	tbd		tbc		Detailed report on Value to Exec committee demonstrating benefits (but not cash releasing) in all priority areas	Review of national work on VHI pathways. Overlap with prevention diabetes work
SERVICE EFFICIENCIES									
Theatres GIRFT plan	Pipeline	CSS	DOP	Q2 2024		tbc		Cross-divisional Theatres Utilisation Group continuing; improvement opportunities being identified through the group to include identifying future opportunities and plans for HVLC / HIT activity, maximisation of PAC slots, identification & automatic sending of 1st patient.	Continued refinement of TUG - positive engagement, house keeping issues still to be addressed to support improved performance (e.g., cancellations due to annual leave/audit days). Learning from Hernia HT list into 8-patient HVLC list scheduled 3rd Oct. Plan for next HIT list and further HVLC activity in progress. All specialties asked to review BADS data and discuss plans to increase compliance where required. Work ongoing regarding data validation of Pre-Op Assessment Clinic (PAC) slot utilisation & refinement of booking templates. Demo's of digital PAC tools ongoing.
Outpatient Improvement	Pipeline	OP Transformation	DOP			tbc		Improvement from baseline performance (April 2024) for KPI 1, 2 & 3 reported at the July group.	



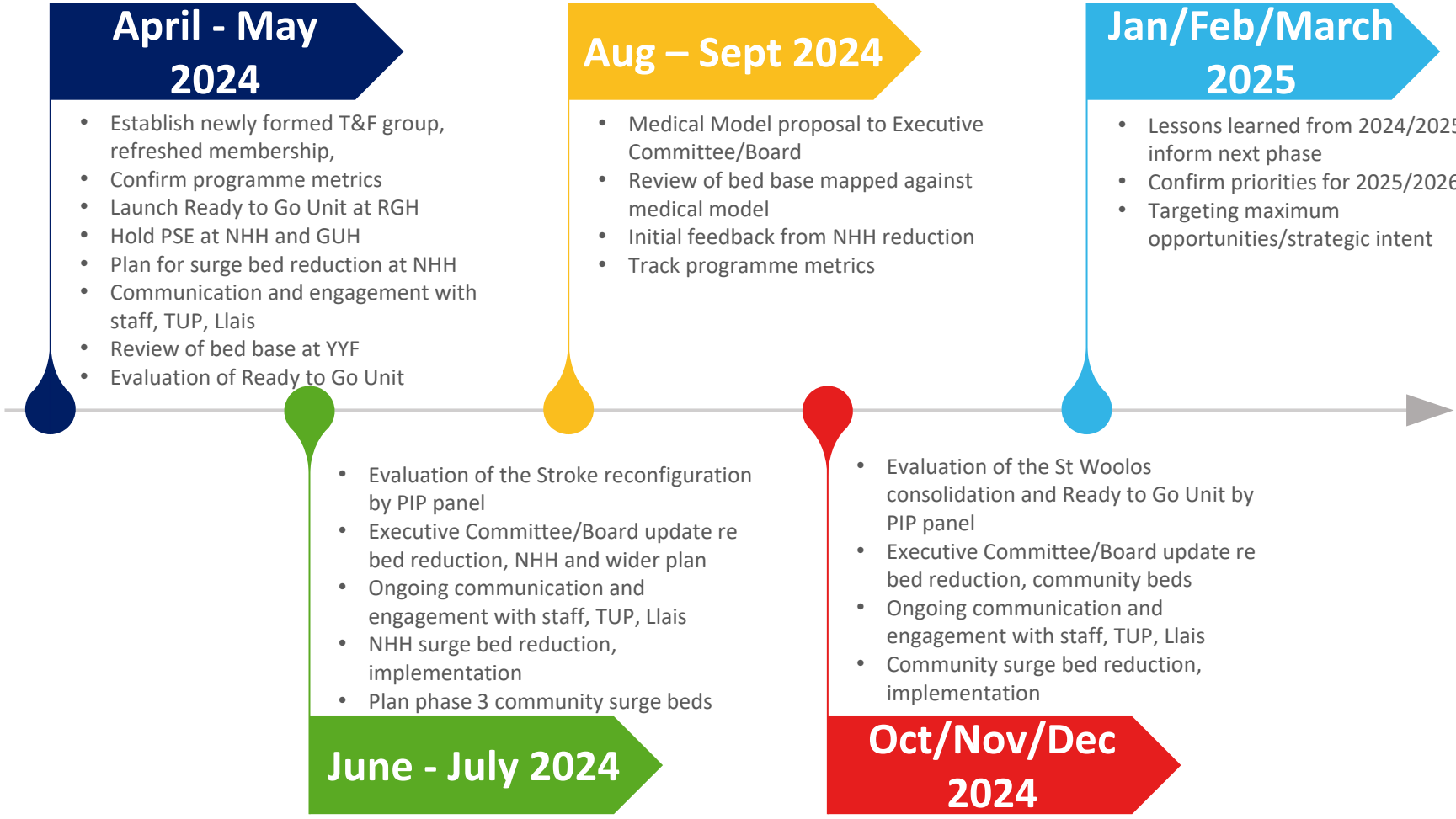


Additional info

- 🌈 Inpatient Reconfiguration Programme timescales
- 🌈 Theatres KPIs
- 🌈 Outpatient KPIs



Inpatient Reconfiguration Programme



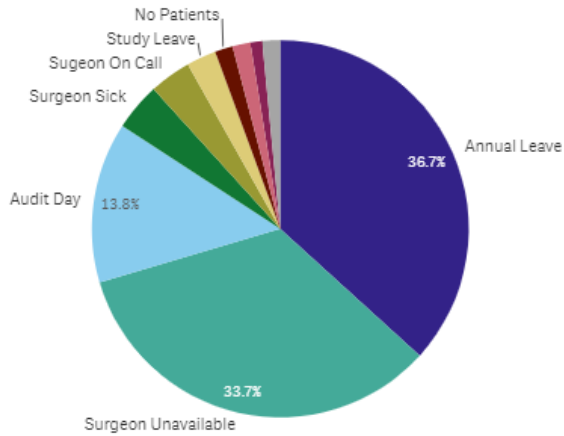
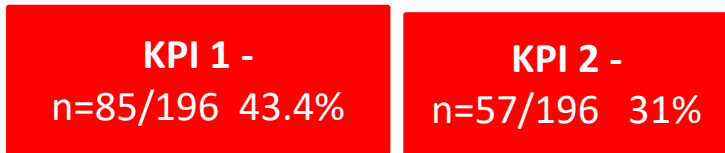


July 2024 – Theatres KPI 1 & 2:

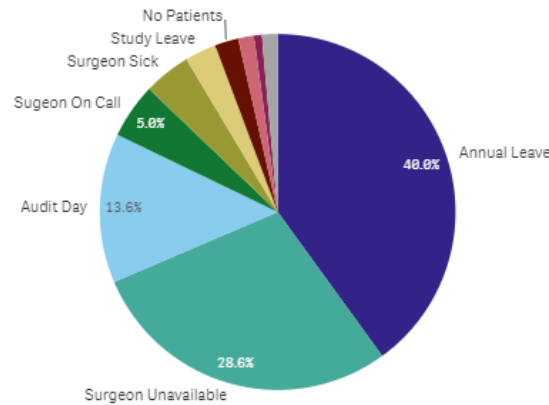
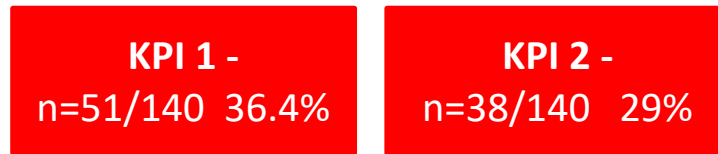
KPI 1 - Reduce list cancellations with less than 4 weeks' notice (target <20%)

KPI 2 - Cancellations with less than 4 weeks outside of agreed tolerances (i.e. short notice sickness) (target 0%)

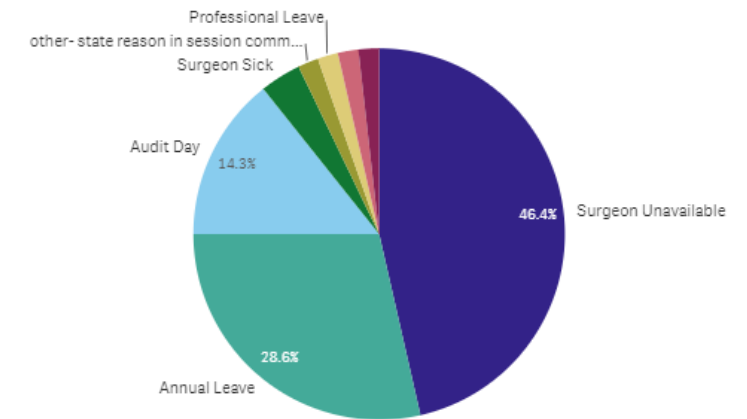
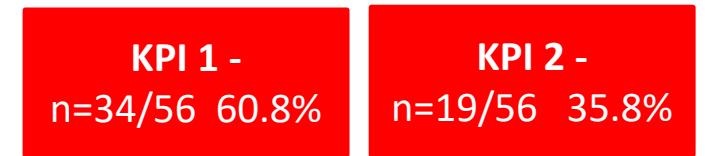
Overall



Managed by PACCT



Managed external to PACCT





Theatres KPI 1 & 2 – Q1 2023/24 and 2024/25 comparison:

Overall	Q1 2023		Q1 2024		Variance	
	KPI 1	KPI 2	KPI 1	KPI 2	KPI 1	KPI 2
Total List Cancellations	697	697	548	548	-149	-149
<4 Week Notice Cancellations	363	301	252	203	-111	-98
<4 Week Notice Cancellations, %	52.1%	43.2%	46.0%	37.0%	-6.1%	-6.1%

- KPI 1 launched October 2023
- KPI 2 launched April 2024

PACCT	Q1 2023		Q1 2024		Variance	
	KPI 1	KPI 2	KPI 1	KPI 2	KPI 1	KPI 2
Total List Cancellations	516	516	365	365	-151	-151
<4 Week Notice Cancellations	223	175	131	89	-92	-86
<4 Week Notice Cancellations, %	43.2%	33.9%	35.9%	24.4%	-7.3%	-9.5%

Excl. PACCT	Q1 2023		Q1 2024		Variance	
	KPI 1	KPI 2	KPI 1	KPI 2	KPI 1	KPI 2
Total List Cancellations	181	181	183	183	2	2
<4 Week Notice Cancellations	140	126	121	114	-19	-12
<4 Week Notice Cancellations, %	77.3%	69.6%	66.1%	62.3%	-11.2%	-7.3%



Outpatients



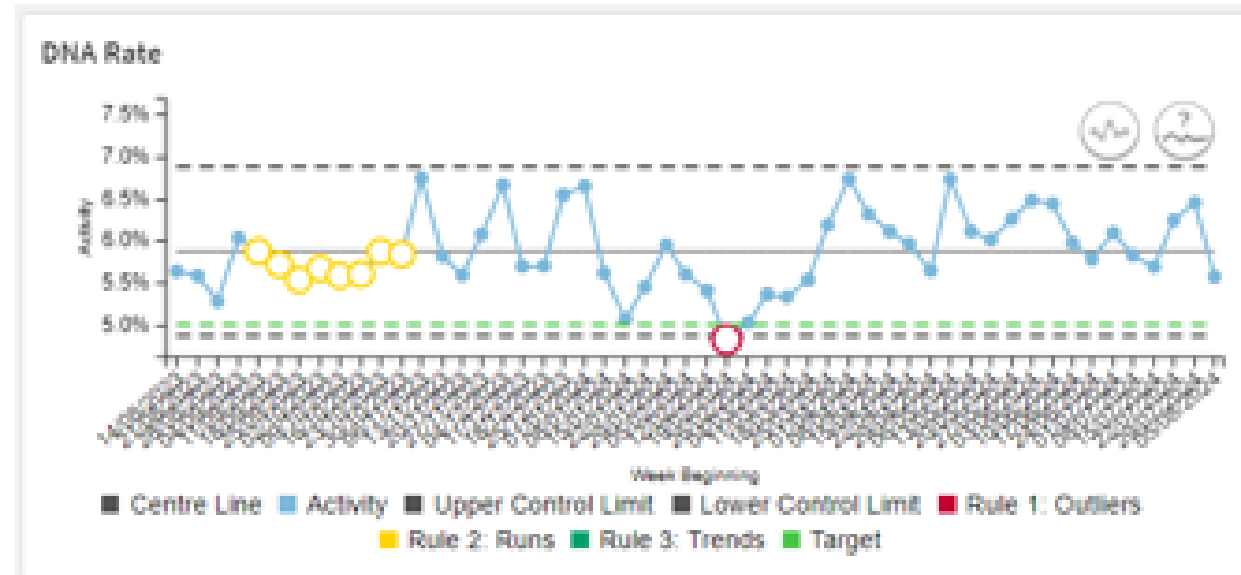
SOS/PIFU:

- WG standard: 20%
- Last week's SOS/PIFU outcome: *
- SOS/PIFU outcome current year: 13%
- SOS/PIFU outcome previous year: 13.1%

**note recent WPAS update has impacted the way in which SOS / PIFU rates are recorded therefore QLIK in process of being updated to ensure alignment in reporting*

DNA:

- WG standard: 5%
- Last week's DNA rates: 5.6%
- DNA rate current year: 6.1%
- DNA rate previous financial year: 5.7%





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance & Control Escalation – Operational Control Checklist July 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe Executive Director of Finance, Procurement and VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Greg Bowen Assistant Director of Finance – Hospital and Corp

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

All Divisional budget holders have been completing a Governance Operational Control Checklist for their respective areas since October 2023. This report provides the Committee with an overall summary of the current reported situation as at the end of July 2024, also demonstrating progress at Divisional level since its inception. The report also demonstrates the agreed calculation method used to arrive at an overall Divisional Governance 'score,' and clarifies how this will be maintained and improved upon, on an ongoing basis. The Committee is asked to note the continuing work that has been undertaken along with the scoring assessments and provide views.

Cefndir / Background

In August 2023, following CEO request, all Divisional budget holders were asked to complete a Governance Operational Control Checklist for their respective Directorate. The requirement was for this to be service led to ensure ownership, but co-ordinated by the Divisional Finance teams, with a register of completion being maintained within each team.

The purpose of this exercise is that it is not a one-off, and in fact is an ongoing piece of work, with an updated assessment completed monthly with the intention of being able to demonstrate evidence of improved controls for the Executive Committee, the Board and for Welsh Government purposes. The assessments collated so far are to the end of July 2024.

Asesiad / Assessment

The checklist, in Microsoft Excel format, required to be completed is below.

ABUHB

DIVISIONAL AND DIRECTORATE LEVEL CONTROL ASSESSMENT

Division:
 Directorate:
 Completed by:

OPERATIONAL CONTROL CHECKLIST

SPEND AREA	KEY ACTIONS	IN PLACE? Y/N	RAG RATING	ACTIONS TO IMPLEMENT AND BY WHEN?
BANK	Temporary staffing policy in place			
	Auto enrolment for new starters onto the bank			
	Review pay rates and consider weekly pay as an incentive			
	Admin and clerical bank			
AGENCY	Clear process for agency booking (and compliance)			
	Ensure appropriate deduction for agency staff breaks (lunch)			
	Review authorisation levels - seniority and consistency across sites			
ROSTERING	E-rostering should be fully deployed			
	Annual leave, study leave should be closely managed throughout the year			
	Rosters should be approved six weeks in advance			
	Contracted hours to be fully rostered			
	Sickness management			
OTHER PAY CONTROLS	Line managers to notify HR of leaving dates			
	Cease any early finish dates for leavers			
	Enforce compliance with the All Wales Sickness policy			
	Workforce/Vacancy control panel			
MEDICAL LOCUMS	Implement medical bank			
	Proper process for booking medical agency (no direct approach)			
	Ensure appropriate deduction for agency staff breaks (lunch)			
	Ensure mileage claims are only for required intra site travel			
MEDICAL ROTAS	Clear timeline for submission of rotas			
	Ensure alignment of rota to job plans			
	Review additional sessions allocated			
	Monitor medical annual leave			
WORKING LIST INITIATIVES	Ensure consistent process across organisation			
	Require clear demonstration that existing PAs have been utilised			
	Ensure approval level is appropriate			
PROCUREMENT	Address clinical preference variation in a targeted manner			
	Review and reduce those able to requisition and order			
	Continue to enforce the 'No PO No Pay' policy			

Signed Off

Divisional Manager:
 Divisional Director:
 Date:

Assessment	Outline Descriptor
Low	identified controls in place are deemed inadequate with significant gaps identified which need to be addressed
Medium	identified controls in place are deemed adequate, however some gaps have been identified which need to be addressed
High	identified controls in place are deemed robust

The process followed to complete the assessment is to assess each of the key actions by spend area and complete as below:

- Answer with a Y or N if it is felt that the key action is currently in place (or N/A if that is the case),
- Populate the template with any key actions identified for improvement, and proposed timeframe for implementation.

All Directorates are asked to complete this for their area and to return to the relevant Divisional Finance team for registering, and consolidation into a Divisional template.

The Scheduled Care Divisional Finance team initially proposed a mechanism for arriving at a Divisional Governance % score (for each key action, overall spend area; and the Division overall). The methodology also provides a RAG rating for each overall spend area and the Divisional overall, based on the % score and criteria set. This proposal has also been agreed at Executive Committee and at previous Finance & Performance Committee meetings.

The methodology used for arriving at both the % score and the RAG rating is as follows:

- All Directorate responses consolidated on to one overall summary sheet for Divisional consolidation purposes,
- The 'Score' is determined by the number of Directorates within the Division that have assessed that the Key Action is in place, by including a 'Y' for the relevant key action in the checklist,
- The 'Max' is the number of Directorates within a particular Division where the Key Action is relevant (Please note that where it has been identified by the service that a particular Key Action is not applicable then it is not included in the scoring mechanism),
- Compliance % is the ratio between the Score and the Max score,
- The same methodology has been used for each Key Action, overall Spend Area, and the Division overall,
- The RAG rating is then determined from the Compliance % (Red < 50%, Amber 51% to 75%, Green > 75%)

A snapshot of assessments is illustrated below, along with demonstrated improvements from the initial scoring in October 2023:

Division	Oct-23		Jan-24		Jul-24		Movement from Oct 23	Movement from Jan 24
	Compliance	RAG Rating	Compliance	RAG Rating	Compliance	RAG Rating		
PCCS	87%	Green	90%	Green	90%	Green	3%	0%
CHC	88%	Green	83%	Green	83%	Green	-5%	0%
MH & LD	79%	Green	85%	Green	94%	Green	15%	9%
SURG	74%	Amber	78%	Green	96%	Green	22%	18%
MED	77%	Green	77%	Green	85%	Green	8%	8%
URG	93%	Green	95%	Green	95%	Green	2%	0%
F & T	83%	Green	83%	Green	93%	Green	10%	10%
CSS	69%	Amber	69%	Amber	81%	Green	12%	12%
E & F	92%	Green	92%	Green	96%	Green	4%	4%

Top priority actions identified to improve controls are being highlighted and reported through the Divisional Assurance meetings, with revised checklists returned to Divisional Finance Business Partners during the month end reporting process. This allows the scoring to be updated and compared on a month-on-month basis.

It is pleasing to see that the assessment scores have improved over time. As at the end of July 24, the average Divisional score is 90% (Jan 24 84%, Oct 23 82%).

Consideration should be given to identifying and sharing best practice across Divisions to drive overall continuous improvement. To assist with this, a matrix has also been developed which captures scores and RAG rating for each Spend Area by Division:

	PCCS	CHC	MH & LD	SURG	MED	URG	F & T	CSS	E & F
Bank	82%	100%	60%	74%	68%	75%	61%	50%	N/A
Agency	92%	100%	100%	100%	100%	100%	100%	90%	100%
Rostering	88%	71%	100%	95%	82%	100%	95%	82%	95%
Other Pay Controls	98%	100%	100%	100%	97%	100%	96%	78%	100%
Medical Locums	88%	N/A	86%	100%	85%	75%	100%	88%	N/A
Medical Rotas	100%	N/A	100%	100%	77%	100%	100%	83%	N/A
Working List Initiatives	100%	N/A	100%	100%	82%	N/A	100%	75%	100%
Procurement	79%	50%	100%	100%	81%	100%	100%	93%	89%

An updated version of these reports will continue to be presented on an on-going basis also.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the continuous work completed to date on the Operational Control Checklist assessments, scoring and sharing of best practice.
- Note the future updates to be undertaken and reported via Divisional Assurance meetings and to the Value & Sustainability Board on an on-going basis.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

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

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

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

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

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

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

Choose an item.
Choose an item.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Performance Committee – Review of Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Board Business

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Finance and Performance Committee (the Committee) is asked to review the agreed Committee Forward Work Plan appended to this report as Appendix A.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee

business are scheduled in across the year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period of June to September 2024 the following requests and/or changes to the Forward Work Plan have been included:

Items deferred on the Forward Work Programme:

Due to the size of the Committee’s agenda for its September 2024 meeting, the following reports originally scheduled for the September meeting have been deferred to December:

- Stroke Improvement Plan Update Plan
- Freedom of Information Act Report
- Capital Programme Report

Update on the Delivery of Specific Digital Programmes:

There have been no requests for amendments or additional items to be included on the Forward Work Plan from June to September 2024.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Finance and Performance Committee Forward Work Plan as provided in **Appendix A**.

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. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
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:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Not Applicable Choose an item.

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

Annual Programme of Business for 2024-25

Finance and Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2023/24
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. In doing so, the Committee will seek assurance that there is:

- ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;

- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and
- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June <i>17th June 2024</i>	QTR 2 July to Sept <i>9th September 2024</i>	QTR 3 Oct to Dec <i>16th December 2024</i>	QTR 4 Jan to Mar <i>17th February 2025</i>
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Reflections of the meeting held	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chai DoCG	AN	✓			
Review of Committee Programme of Business 2024/25	Chair	SI	✓	✓	✓	✓
Committee Risk Report	Chair DoCG	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference	Chair DoCG	AN				✓
Annual Review of Committee Effectiveness 2024/25	Chair DoCG	AN			✓	

Outcome of annual Review of Committee Effectiveness 2024/25	Chair DoCG	AN				✓
Committee Annual Report 2024/25	Chair DoCG	AN				✓
Overview of Audit Recommendation Tracking	DoCG	SI	✓	✓	✓	✓
Performance Management						
Annual Review of Performance Management Framework	DoSP&P	AN				✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN				✓
Performance Management Framework Review Report	DoSP&P	SI	✓	✓	✓	✓
Performance Report	DoSP&P	SI	✓	✓	✓	✓
Reporting on Benefits Realisation Projects (when available)	DoF&P/DoSP&P					
Benefits Realisation <ul style="list-style-type: none"> • Robotic Process Automation-cost and benefit realisation 	DoD	AN			✓	
Financial Performance						
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including Revenue Budget Allocation letter	DoF&P	AN				✓

Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN				✓
Service Activity and Performance						
Welsh Government Performance Escalation Report (Targeted Intervention & Enhanced Monitoring)	DoSP&P	SI	✓	✓	✓	✓
Outpatient Transformation Programme Update	COO	-	✓			
Stroke Improvement Plan Update Report	DoT&HS	-		✓		
Theatres Utilisation Programme	COO	-			✓	
Focussed Performance Report – To be Agreed in-line with Delivery Profiles	MD	AN		✓		
<ul style="list-style-type: none"> • Focused Performance Report – Discharge Programme & Delays 			✓ D	✓		
Information Management						

Information Governance Report, including SIRO Report	DoD	SI	✓	✓	✓	✓
Freedom of Information Act Report	DoCG	BI-AN		✓		✓
Digital and IM&T						
Assurance reports from the Digital, Data and Technology Group	DoD	SI	✓	✓	✓	✓
Update on the Delivery of Specific Digital Programmes to include:- <ul style="list-style-type: none"> Digital and information management and technology (IM&T) systems Radiology Informatics System Procurement (RISP) Programme Update 	DoD	Bi- AN	✓	✓		✓
Capital, Estates and Facilities						
Capital Programme Report	DoSP&P	SI	✓	✓	✓	✓
Delivery of Specific Business Cases (when available)	DoSP&P					
Estates Compliance including compliance with Health Technical Memorandums	COO	Bi-AN		✓		✓
Capital Builds Impairment Report	DoSP&P/DoPH	-			✓	

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly

Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2024
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Internal and External Audit Recommendation Tracker
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Finance and Performance Committee (the Committee) with an update on the status of audit recommendations relevant to its agenda that have become overdue in the previous quarter.

The report covers the period from April to June 2024, first quarter (Q1) of the 2024/25 financial year.

Cefndir / Background

Since the last report to the Committee in June, which detailed the status of **23** recommendations with implementation deadlines up to the end of Q4 (January – March) for the 2023/24 financial year, the Committee was informed that **18** remained overdue and **five** were completed.

At the start of Quarter 1, the Tracker held **42** live recommendations under the purview of this Committee. Of those, **18** recommendations were carried over as overdue from Q4, with an additional **eight** recommendations becoming overdue in

Q1. **24** recommendations remained within their scheduled timelines and were not yet due for updates. Consequently, updates against the 26 overdue recommendations were requested.

This report presents the Committee with the approved final status of the **26** recommendations as of the end of Q1.

Asesiad / Assessment

Internal and External Audit Recommendation Tracking.

26 recommendations from internal audit reviews, listed below, triggered as overdue in Q1 2024-25 (April-June), necessitating an update from the Director of Digital and Director of Finance & Procurement.

- IM&T Control and Risk Assessment (2020/21)
- NIS Directive (Cyber Security) (2021/22)
- Digital Benefits Realisation (2022/23)
- Records Management (2022/23)
- Robotic process Automation (2022/23)
- Clinical Coding (2023/24)
- IT Infrastructure (2023/24)
- Asset Management (2023/24)

There were no overdue recommendations that required an update from the Director of Strategy, Planning and Partnerships for the reporting period ending 30 June 2024.

Table 1 summarises the **26** 'overdue' recommendations by 'Year' and 'Priority Rating' that required a review and update.

Table 1

Overdue Recommendations for Quarter 1 2024/25 by 'Year' and 'Priority Rating'					
Year	Priority Rating of Recommendation				Total
	Low	Medium	High	N/A	
2020	-	-	-	4	4
2021	1	2	-	-	3
2022	2	8	-	-	10
2023	-	5	4	-	9
Total	3	15	4	4	26

The data in summary Tables 2 and 3 provide a breakdown of completed and recommendations that have had a revised implementation date approved.

Table 2 below summarises the position as at 30 June 2024 by the 'Year' and 'Priority Rating' in relation to the **eight** completed internal audit recommendations. Further detail can be found at **Appendix A**.

Table 2

Completed Recommendations for Quarter 1 by 'Year' and 'Priority Rating'	
Audit Year	Priority Rating of Recommendation
	Medium
2021	2
2022	4
2023	1
2023	1
Total	8

Table 3 below summarises the position as at 30 June 2024 by 'Year' and 'Priority Rating' in relation to the **18** audit recommendations that have an approved revised implementation date. Further detail can be found in **Appendix B**.

Table 3

Revised Implementation Dates by 'Year' and 'Priority Rating'					
Year	Priority Rating of Recommendation				Total
	Low	Medium	High	N/A	
2020	-	-	-	4	4
2021	1	-	-	-	1
2022	2	4	-	-	2
2023		3	4	-	7
Total	3	7	4	4	18

The closing position as of the end of June 2024 is that there are 42 live recommendations contained within the Audit Tracker. Recommendations with deadlines set before the end of Quarter 2 of the 2024/25 financial year (July – September) will have become overdue. These will be updated in preparation for the next reporting cycle.

For information, the Audit Risk and Assurance Committee has set a limit on the number of times implementation dates for recommendations can be extended. They will only accept a maximum of two revised deadlines. If any recommendation reaches this threshold, the Committee will require detailed assurance reports to be provided as part of the requested updates. Additionally, the Executive Lead

responsible for the recommendation must attend the Committee meeting to explain the reasons for the extension.

Argymhelliad / Recommendation

- **NOTE** the closing position of the audit recommendations for Q1 April – June 2024 overseen by the Audit, Risk and Assurance Committee

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Risks associated with overdue recommendations will be captured locally and escalated to the strategic risk register if necessary.
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.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	<p>Overdue - represents recommendations that have passed their original or revised implementation date</p> <p>Not Yet Due – represent recommendations that remain within their scheduled timelines and are not yet due for updated</p> <p>Completed - represents recommendations that been implemented</p>

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

Risk and Assurance Team											Lead Executive to Update		
Audit Type	ABUHB Ref No.	Report Title	Assurance Rating	Director	Responsible Officer	Priority	Rec No.	Recommendation	Management Response	Agreed Deadline Date	New Progress Update	Is this recommendation completed/Closed (Yes/No)	If completed please provide a small summary of what has been implemented
Internal	2021.22	NIS Directive (Cyber Security)	Reasonable	Director of Digital	Director of Digital / Chief Technology Officer	Medium	R2	R2 Management should ensure that records of discussions and information provided to and from the CRU are captured for future annual self-assessments.	Management will ensure that during any future self-assessments records of discussions and information supplied to the CRU will be captured and available for internal or external review.	31/05/2024		Yes	11/06/24 This action has been accepted by management and will form part of any future NIS engagement with CRU so can be closed. Documentation requested by CRU will be supplied
Internal	2021.22	NIS Directive (Cyber Security)	Reasonable	Director of Digital	Director of Digital / Chief Technology Officer	Medium	R4	R4 The costs associated with the improvement actions should be assessed and reported to a relevant committee to enable awareness of the full picture and prioritisation of actions and funding.	The NIS Improvement Plan will be submitted through the relevant governance committee for senior Management review and sign off. Prioritisation of remedial actions and related costs will be assessed through ABUHB formal risk governance structure and relevant committees. Note ABUHB are currently implementing the recommendations of the Templar consultancy report which will create the Office of the SIRO and create a new governance framework to support Risk Management within the Health Board.	31/05/2024	CSAG in place and NIS Improvements incorporated into overall Cyber Security Action Plan.	Yes	Cyber Security Assurance group - reporting to IG Sub Committee has now been implemented and TOR accepted. Progress against NIS Improvement plan has been incorporated into the overall Cyber Security Action Plan and will be reported and monitored at CSAG
Internal	2022.14	Robotic process Automation	Reasonable	Director of Digital	Assistant Director for Strategy, Planning & Design	Medium	R2	Benefits realisation should be established as part of the go-live for automated processes, with the relevant department being required to monitor and confirm the benefits.	Benefits realisation is identified and confirmed by relevant departments and this will now be formally monitored and confirmed by the governance board. This is in part contingent on a successful business case.	30/06/2024	June 2024 Benefits realisation is part of the defined development process using the DDAT benefits framework. With RPA posts filled this process can now be managed effectively	Yes	RPA requests are made through the NDSR process. As part of 'Definition' all requests are assessed for benefits both cash and non cash releasing. Benefits are captured on a Benefits Register
Internal	2022.14	Robotic process Automation	Reasonable	Director of Digital	Assistant Director for Strategy, Planning & Design	Medium	R3	Consideration should be given to establishing a benefits sharing framework for cash releasing savings that would enable the RPA function to be self-sufficient.	This is not a unique issue to RPA but reflects the need for benefits realisation to include (when corroborated and confirmed) sharing of benefits including financial where this is the case. In order to mitigate the risk of priority based on ability to pay the process needs to be owned and curated at health board level rather than between departments. This recommendation will be considered in the case.	30/06/2024	June 24 - . Benefits identification shows that RPA cannot be self sufficient. Most automations provide the opportunity for staff release for other activities or improvements in timeliness and quality of activity or support digital integration where competing priorities in software development leads to the use of RPA as a 'quick fix' in order to deliver and sustain critical digital services. These are benefits that have to be realised by the requester and do not allow for budget transfer to Digital. The RPA team will be presenting on RPA benefits to the Finance & Performance committee in September 2024	Yes	RPA requests are made through the NDSR process. As part of 'Definition' all requests are assessed for benefits both cash and non cash releasing. Benefits are captured on a Benefits Register
Internal	2022.14	Robotic process Automation	Reasonable	Director of Digital	Assistant Director for Strategy, Planning & Design	Medium	R4	The Health Board should seek to complete recruitment and staff the RPA team accordingly.	A revised business case is expected to be submitted to Executive colleagues in Q4.	30/06/2024	June 24 - the RPA posts have been filled, handover is complete from the contractor architect.	Yes	Recruitment is completed
Internal	2022.14	Robotic process Automation	Reasonable	Director of Digital	Assistant Director for Strategy, Planning & Design	Medium	R7	The awareness of RPA and the change management process should be strengthened as RPA moves into an operational service. All services should be made aware of the requirement to notify Informatics of changes to any system that may interact with the robots.	Part of the transitional arrangements to operational services will be refined and robust service management arrangements. This is subject to a successful business case.	30/06/2024	June 24 - the RPA posts have been filled, handover is complete from the contractor architect. The operational service model is being defined. The team is engaged with the change management process of the DDAT	Yes	A robust change management process is in place
Internal	2023.10	Asset Management	Reasonable	Director of Finance and Procurement	Head of Capital Finance & General Managers.	Medium	R1.1	We recommend that additions forms are obtained from asset owners promptly following equipment purchase and that forms with missing data are returned to owners for completion.	The Capital Finance Team include the new asset form on the Capital Scheme approval email that is sent out to the responsible budget holder when a new equipment purchase is approved. The email requests the form be completed when the new equipment asset is received and returned to the Capital Finance Team. New assets are added to the Fixed Asset Register each quarter. Any missing forms are subsequently chased with the owning department. This process has significantly increased the number of forms received over the past two years. In addition to the above, the Capital Finance team will include a list of missing forms as an agenda item for each monthly divisional meeting and will return forms where information is incomplete. General Managers to ensure that forms are completed and returned to Capital Finance.	30/04/2024	The Capital Finance team have been circulating the list of missing asset forms to Divisions on a monthly basis as of April 2024. From April 2024 the same Divisional lists of missing forms have been included as an agenda item for each monthly divisional meeting. Forms are being returned where they are incomplete.	Yes	The Capital Finance team have been circulating the list of missing asset forms to Divisions on a monthly basis as of April 2024. From April 2024 the same Divisional lists of missing forms have been included as an agenda item for each monthly divisional meeting. Forms are being returned where they are incomplete.
Internal	2023.17	IT Infrastructure	Reasonable	Director of Digital	Head of ICT	Medium	R5.1	A formal patch process for servers should be defined, which should split servers into patch groups, to ensure secure and stable application across the Health Board.	ABUHB accepts this recommendation. There is already a formal patch process defined for MS patching and a schedule of standard changes developed to manage this. Gap analysis to be undertaken to ensure all servers are included and also to identify patch groups to ensure robust and resilient deployment	31/03/2024	June 2024 - Completed - Propose to close	Yes	Patching process has been authored and automated patching to an agreed schedule is in place. There are a very small number of servers that fall outside this due to age of OS but these are being addressed by the critical server refresh project

Assurance Team								Lead Executive to Update			New Progress Update	
Audit Type	ABUHB Ref No.	Report Title	Assurance Rating	Director	Responsible Officer	Priority	Rec No.	Recommendation	Management Response	Agreed Deadline Date	Is this recommendation completed/closed (Yes or No)	If NOT completed please provide a date in which you expect to complete
Internal	2020	IM&T Control & Risk Assessment 2020/21 - Advisory	Not Rated	Director of Digital	Director of Digital	N/A	R1	R1 The governance framework for IM&T / digital should be clarified and where control over aspects of IM&T has devolved to departments, there should be a process for these to feed into the relevant Committee to ensure oversight. Underneath the Committee the steering group remit and membership should be defined.	Agreed. The Health Board is establishing a new governance framework. Currently Informatics is reporting to the Audit Committee, the first report is scheduled for 8th April. A Health Board governance framework is in development for informatics including exec oversight, investment and delivery. The management of the global pandemic has disrupted the planning work by 12 months but this is now re initiated. Recommendations are scheduled to be presented to Exec Team Q1, and Board in Q2;	31/03/2023	No	01/07/2024
Internal	2020	IM&T Control & Risk Assessment 2020/21 - Advisory	Not Rated	Director of Digital	Director of Digital	N/A	R6	R6 Consideration should be given to the placement of all informatics provision and support across the Health Board. As part of this the current partially decentralised model should be re-assessed in terms of its suitability for the modern use of technology.	Accepted. Following the exec review of the Target Operating Framework and overarching governance will appraise the hybrid environment of departmental asset ownership, responsibility, risk management. As the report sets out this is a largely historical and organic model which will be complex to resolve in itself. A risk based approach will be adopted and an options paper will be developed for consideration by the Board.	31/05/2024	No	31/10/2024
Internal	2020	IM&T Control & Risk Assessment 2020/21 - Advisory	Not Rated	Director of Digital	Director of Digital / Assistant Director for Strategy, Planning & Design	N/A	R8	R8 An assessment of the changes needed to implement the Digital Strategy should be undertaken, and the benefits of the changes articulated, along with the consequences of no change. The Health Board should develop a single roadmap to help deliver the Digital Strategy.	As part of the review Informatics has accepted the need for P30 Portfolio management. This work is ongoing and with an initial focus to core Informatics Division activity but provides a framework for Health Board oversight and transparency. The portfolio approach will extend subject to Board approval to all information assets in a planned programme of work. This forms part of the recommendations to Execs in Q1 2021.	01/05/2024	No	31/03/2025
Internal	2020	IM&T Control & Risk Assessment 2020/21 - Advisory	Not Rated	Director of Digital	Director of Digital / Chief Technology Officer	N/A	R13	R13 Critical assets should be identified within the asset and configuration management systems.	Agreed. This in part is due to the devolved nature of informatics. The first step will be presenting the new operating framework's overarching governance recommendations will provide oversight. A strategy, policy and resultant business case will be developed following the Health Board adoption of the reviews recommendations.	30/06/2024	No	31/12/2024
Internal	2021.22	NIS Directive (Cyber Security)	Reasonable	Director of Digital	Director of Digital / Chief Technology Officer	Low	R1	R1 For future iterations of the CAF there should be greater involvement of the system owners in the review of the responses.	ABUHB will ensure that in future iterations of the CAF there is greater involvement of System Owners	31/05/2024	No	01/09/2024
Internal	2022.05	Digital Benefits Realisation	Substantial	Director of Digital	Director of Digital / Assistant Director for Strategy, Planning & Design	Medium	R1	R1 - The Health Board should finalise the "front of house" process and enable a process for a holistic prioritisation of programmes.	A draft New Digital Service Request (NDSR) process has been designed to provide transparent onboarding of new work for the informatics directorate. The process sets out how informatics undertakes and supervises a workflow using agreed standard tools and documentation from triage, through evaluation, discovery & definition to transition to programmes or Service Delivery. This will provide internal assurance of the process and ensures that options are presented to Digital Delivery Oversight Board (DDOB) with a clear assessment of priority and recommendations. DDOB is the body that will make informed decisions on the prioritisation of Informatics programmes and projects. New national programmes will be tracked through the same process allowing the Health Board to locally prioritise and feedback these priorities back to national. This draft process needs to be signed off and fully implemented.	31/05/2024	No	31/08/2024
Internal	2022.12	Records Management	Limited	Director of Digital	Head of Workforce and OD	Medium	R4	R4 The management of ward clerks should be centralised, and consideration should be given to manage shortages through "bank arrangements".	a.) Local ward clerk shortages will be escalated to the Assistant Directors of Nursing and subsequently escalated to the Executive Director of Nursing. Action plan will be agreed how to solve them. b.) The clerical bank is undertaking a rolling programme of recruitment which will benefit the short notice requirements for ward clerks and this information will be disseminated by the nursing hierarchy to the ward staff.	30/06/2024	No	31/07/2024
Internal	2022.12	Records Management	Limited	Director of Digital	DPO & Head of IG / Head of Health Records	Medium	R5	R5 The need for records management storage places should be regularly reviewed to ensure that sufficient spaces are available for record keeping purposes.	This issue is to be raised with the All Wales Medical Directors Forum as Caldicott Guardians. The Data Protection Officer will raise this at quarterly meetings with the Medical Director and agree an action plan.	31/12/2023	No	31/03/2025
Internal	2022.12	Records Management	Limited	Director of Digital	CNIO / Head of Health Records	Low	R9	R9 Loose patient records should be properly filed	The CNIO will reinforce this requirement with the ward staff. The process for creating DHR supplementary folders on wards will be shared with all Divisional nurses.	30/06/2024	No	31/03/2025
Internal	2022.12	Records Management	Limited	Director of Digital	DPO & Head of IG / Head of Health Records	Medium	R13	R13 All records should be formally tracked to ensure that they are retrievable when they are needed.	a.) The Business case for DHR phase 3 is in development, this will include the scanning of paper records to be available to view in CWS/cCube Portal negating the need for tracking. b.) Future phases for community, District Nursing, children's services and therapies are being planned and expedited and tracking will be implemented.	30/06/2024	No	31/03/2025
Internal	2022.14	Robotic process Automation	Reasonable	Director of Digital	Assistant Director for Strategy, Planning & Design	Low	R1	A formal SOP should be defined that sets out how the RPA process is to be managed. The operational service model should be fully defined and the terms of reference for the governance board reviewed and updated.	Upon successful investment case being made this will be addressed as part of the transition to service delivery	30/06/2024	No	31/08/2024
Internal	2023.03	Clinical Coding; Final Internal Audit Report	Reasonable	Director of Digital	Chief Information Officer	High	R4.1	We recommend that the Health Board devise a plan to address the longstanding underperformance in the monthly coding of episodes. The performance of the plan should be reported regularly to the Board or an appropriate forum.	The Executive Committee approved the restructuring of the Clinical Coding department in August 2023, the agreed restructure when complete will deliver on the monthly coding of episodes target.	30/06/2024	No	30/09/2024

Internal	2023.03	Clinical Coding; Final Internal Audit Report	Reasonable	Director of Digital	Chief Information Officer	High	R4.2	We recommend that the Health Board devise a plan to address the longstanding underperformance in clearing the backlog of uncoded episodes. The performance of the plan should be reported regularly to the Board or an appropriate forum.	Backlog of episodes will be systematically coded when the new Clinical Coding Structure is implemented. The new structure provides the workforce with the capability to deliver on the monthly coded episodes target and address backlog.	30/06/2024	Recruitment to implement the new Clinical Coding structure is on going and estimated to complete by end of September. When the structure is completed, incremental improvements towards the monthly target will commence.	No	30/09/2024
Internal	2023.10	Asset Management	Reasonable	Director of Finance and Procurement	Head of Capital Finance & General Managers.	Medium	R2.1	We recommend where assets are disposed of and are not being sold, or where disposal forms are completed retrospectively after an asset has not been found in a physical verification test, that asset owners are required to obtain the countersignature of their manager on the disposal form.	To ensure all asset disposals are approved appropriately prior to disposal, a counter signature from the General Manager for the Division will be added to the disposal form and the Financial Control Procedure will be amended accordingly. The policy change will need to be reported to and approved by the Audit Committee.	30/04/2024	The Financial Control procedure has been updated to reflect the requirement for Divisional General Manager approval for asset disposals the change will be considered by the executive team in June and reported to ARAC for approval & communicated out to Divisions.	Partial	01/08/2024
Internal	2023.10	Asset Management	Reasonable	Director of Finance and Procurement	Head of Capital Finance	High	R3.1	We recommend that the Health Board examine each exception individually and take appropriate action to rectify the matter when the reason for the anomaly is determined. All items that were not found in the register during a physical asset test should be accounted for. Asset owners that did not submit a disposal form at the time of the disposal should be required to provide documentation to evidence the disposal method and to corroborate what took place.	Agree. These issues will be resolved in readiness for the end of year accounts and disposal forms requested for those assets that cannot be located.	31/03/2024	Four of the seven asset issues have been resolved with the assets either located or processed as a disposal. Of the remaining three assets one is due to be disposed in June. The remaining two assets (total NBV £4k) are thought to be still within the Health Board but have not yet been located in GUH as they move with patients around the hospital. The Capital Finance team will work with EBME to locate these assets over the next few months and if not found will action a disposal.	Partial	01/09/2024
Internal	2023.17	IT Infrastructure	Reasonable	Director of Digital	Chief Technology Officer	Medium	R.1	The provision of the VPN from WAST should be formally documented within a service agreement.	ABUHB accepts that this should have been put in place but provision of VPN for RPA connectivity from WAST was only ever intended to be an interim solution. This will be discontinued as soon as the official solution from DHCW is available.	31/03/2024	June 2024 - Interim Solution - Risk will be mitigated upon closure of risk r1.2	No	01/10/2024
Internal	2023.17	IT Infrastructure	Reasonable	Director of Digital	Chief Technology Officer	Medium	R.1.2	Work should continue with DHCW as the providers of the national infrastructure to move this service to DHCW.	ABUHB accepts this recommendation, and a request has already been placed with DHCW to provide VPN service for RPA and other services requiring this functionality	31/03/2024	June 2024 - Awaiting DHCW - Service request Submitted	No	01/10/2024
Internal	2023.17	IT Infrastructure	Reasonable	Director of Digital	Head of ICT	High	R5.2	A process for ensuring switches are patched should be established.	ABUHB accepts this recommendation. A process for switch patching will be developed and implemented.	31/03/2024	June 2024- Partially completed, we do actively perform upgrades across our estate for all infrastructure requirements. Following this audit we have devised a patch flow process on how we evaluate published software loads/ fixes. This needs to be inserted into a SOP and adopted as a Operational working process. Target completion June	No	30/06/2024