

Finance and Performance Committee

Mon 17 February 2025, 09:30 - 12:30



Agenda

0 min **1. PRELIMINARY MATTERS**

 FPC 20250217 Agenda - Approved.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 16th December 2024

Attached *Chair*

 Agenda Item 1.4 - FPC 161224 Minutes.pdf (11 pages)

1.5. Committee Action Log

Attached *Chair*

 Agenda Item 1.5 - Finance Performance Committee Action Log 170225.pdf (3 pages)

0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

There are no items for inclusion in this section.

0 min **3. ITEMS FOR DISCUSSION**


3.1. Emerging Annual Plan 2024/25, including performance and finance

Presentation *Director of Strategy, Planning and Partnerships and Director of Finance and Procurement*

3.2. Performance Report

Attached *Director of Strategy, Planning and Partnerships*

 Agenda Item 3.2 - Finance and Performance Committee - Performance Report Cover Paper 2025.02.17 FINAL.pdf (6 pages)

 Agenda Item 3.2 Appendix A - Finance and Performance Committee - Performance Report 2025.02.17 FINAL.pdf (38 pages)

3.3. Update against Performance Management Framework & National Escalation

Attached *Director of Strategy, Planning and Partnerships*

📄 Agenda Item 3.3 6 MTH REVIEW DECISION PMF F and P Jan25.pdf (10 pages)

3.4. Corporate Information Performance Report

Attached *Director of Corporate Governance*

📄 Agenda Item 3.4 - Corporate Information Performance Report.pdf (4 pages)

📄 Agenda Item 3.4 Appendix A - Corporate Information Performance report Quarter 1 2.pdf (6 pages)

3.5. Monthly Financial Performance Report

Attached *Director of Finance and Procurement*

📄 Agenda Item 3.5 - Board Finance Report 24-25 M9 vrh.pdf (40 pages)

3.6. Value and Sustainability Assurance Reporting

Attached *Director of Finance and Procurement*

📄 Agenda Item 3.6 - FPC_feb25 - VSB update.pdf (16 pages)

📄 Agenda Item 3.6 Appendix A.pdf (4 pages)

📄 Agenda Item 3.6 Appendix B.1.pdf (1 pages)

📄 Agenda Item 3.6 Appendix B.2.pdf (1 pages)

📄 Agenda Item 3.6 Appendix B.3.pdf (1 pages)

0 min 4. ITEMS FOR INFORMATION

4.1. Review of Committee Programme of Business 2024/25

Attached *Director of Corporate Governance*

📄 Agenda Item 4.1 - Finance Performance Committee FWP Cover Report 17.02.2025.pdf (4 pages)

0 min 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: Tuesday 8th April 2025, 09.30-12.30.

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: <ul style="list-style-type: none"> Tuesday 8th April 2025, 09.30-12.30. 		

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”.

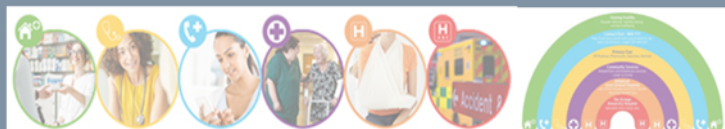
Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



DATE OF MEETING	16 th December 2024
VENUE	Microsoft Teams

PRESENT	Richard Clark, Chair
	Dafydd Vaughan, Vice Chair
	Iwan Jones, Independent Member
	Neil Patrick, Independent Member
IN ATTENDANCE	Helen Sweetland, Independent Member
	Robert Holcombe, Director of Finance and Procurement
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Rani Dash, Director of Corporate Governance
	Paul Solloway, Director of Digital
	John Frankish, Interim AD of Informatics: Strategy, Planning & Design to support agenda item 3.3.
	Miraj Abeysekara, Head of RPA and Integration, to support agenda item 3.3.
	Kelly Jones, Head of Capital Finance, to support agenda item 3.6
	Jamie Marchant, Director of Estates and Facilities Division, to support agenda item 3.7
	Fidelma Davies, Head of Strategic Financial Planning, to support agenda item 3.10
	Megan Frampton, Governance Support Officer.
APOLOGIES	

FPC/1612/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
FPC/1612/02	Apologies for Absence Apologies for absence were NOTED .
FPC/1612/03	Declarations of Interest There were no declarations of interest raised to record.
FPC/1612/04	Draft Minutes of the meeting held on 09th September 2024.



FPC/1612/05

The minutes were **AGREED** as a true and accurate record.

Committee Action Log

The Committee received the action log and was content with the progress made in relation to completed actions and against any outstanding actions, as set out within the paper.

FPC/1612/06.a

Performance Management:

ABUHB's Performance Management Framework Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee that the Board signed off the Framework in September 2023, and a review was held after 3 months.

The Committee noted key elements and changes made to the performance management framework, which included;

- The broadening and strengthening of accountability letters from the Executive Directors.
- Clarification of milestones, deliverables and impact in order to understand adaptable work where needed.

It was noted that further work was needed to clarify detail and Committee responsibility for elements of the Framework.

The Committee highlighted the need to prioritise audits as a measure within the framework. The Committee was assured that work was being introduced between audit governance and the divisions to better understand their audit profile in full.

It was highlighted that Robert Holcombe (RH), Director of Finance and Procurement, was maintaining communication with external audit due to a lack of evidence, which could be leading to a lack of accountability.

The Committee noted the need to strengthen the work needed at a corporate level of reporting, and for it to be brought forward for review within the quarterly report.



FPC/1612/06.b

It was highlighted that the purpose of the report was to launch the conversation and provide opportunities to engage.

Performance Escalation Report - Targeted Intervention & Enhanced Monitoring

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee that there had been no change to escalation levels to divisions.

It was noted that correspondence had been received from Judith Paget, Director General for Health and Social Services and the NHS Wales Chief Executive on the 5th of November which highlighted that national escalation levels for the Emergency Department in the Grange University Hospital and the Finance and Planning Domain remained unchanged.

Assurance was provided that quarterly escalation meetings with Judith Paget were held in order to address these issues, with lots of positive progress noted in terms of key deliverables, as set out in the escalation framework or deliverable requested as the process progressed.

The Committee **NOTED** the update.

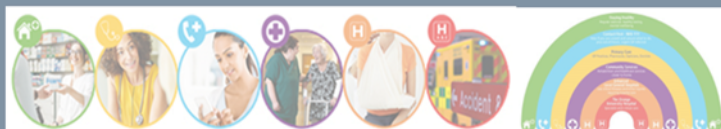
FPC/1612/07

Performance Report, December 2024

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee that a full Quarter 2 report had been presented to the Board in November.

The Committee received updates on key elements of the report, including;

- Vaccine rates were lower than trajectories and work was going into improving this, such as, targeting additional clinics in the Blaenau Gwent area.
- In Primary Care, tracking for GMS was below the national median, driven by issues such as the Brynmawr General Practice.
- The number of people waiting less than one hour for an ambulance was on trajectory, although this had meant that patients were waiting in the ambulance for longer prior to admission to hospital.
- The number of patients who were waiting 8 weeks for diagnostics was down to 2700 in November, which



	<p>showed a positive impact of the additional money provided.</p> <p>It was noted that there was an Executive Committee Performance session scheduled for that week, at which the 156-week performance would be scrutinised, as well as other areas in need of challenge.</p> <p>The Committee discussed the need for a shift in focus in relation to increasing vaccination uptake, by providing opportunities for easily accessible vaccine clinics such as evenings and weekends.</p> <p>The Committee questioned when the new consultants were being placed into urgent and emergency care to improve ways of working.</p> <p>HE to follow up when consultants were due to start, and distribute update in an email to all Independent Members.</p> <p>ACTION: Director of Strategy, Planning and Partnerships</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/08</p>	<p>Benefits Realisation: Robotic Process Automation</p> <p>Paul Solloway (PS), Director of Digital, with the support of John Frankish (JF), Interim AD of Informatics: Strategy, Planning & Design and Miraj Abeysekara (MA), Head of RPA and Integration, outlined the three principal benefits of RPA, those being;</p> <ul style="list-style-type: none"> • Freeing staff time, • Reducing the need for additional staff, and, • Enhancing data entry quality. <p>It was noted that 40 automations had been actioned to date, with 45 more opportunities available to the service now, which would deliver an additional £1.7 million worth of benefits. Staffing had been a limiting factor as the service did not have the capacity to action all the automations coming through to the service. It was highlighted that in order to have the service functioning at full capacity, an additional 5 staff of varying speciality would be required.</p> <p>PS highlighted that the Health Board would need to develop a full business case to support this work, incorporating the target of leading this work through to all of Wales, and</p>



developing a centre of excellence to encourage shared learning.

The Committee queried whether the implementation of RPA would restrict the development of bigger technological change in the future, and whether it would be more cost effective to address the underlying issues with connectivity of software rather than use RPA to find temporary solutions.

The Committee noted concern around the Health Board's ability to recruit the necessary skills and engineers into the digital sector, as the public sector in Wales as a whole had difficulties with this due to public sector funding being far reduced when compared to the private sector.

Dafydd Vaughan (DV), Independent Member, raised the need for DHCW to be held responsible for the Health Board's need to spend further monies on digital solutions due to an inability to supply adequate modern software and technology that would allow the Health Board to deliver services well.

The Committee raised the need for further discussion outside of the meeting around appropriate financial advice and the development of an appropriate financial scrutiny of service where the benefit of RPA implementation would be cash releasing, as the main area of concern raised was that of funding for the wider deployment of RPA within the Health Board.

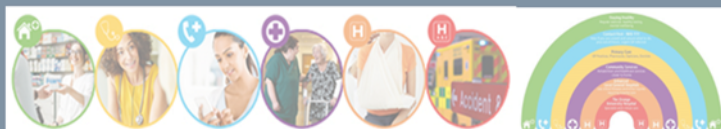
The Committee **NOTED** the report.

FPC/1612/09

Information Governance Report, including SIRO Update

Paul Solloway (PS), Director of Digital, provided an update to the Committee that mandatory training on ESR had not seen much improvement, as compliance had stayed at 75%. It was highlighted that a new training module was being discussed nationally in order to reduce the duration of the information governance module.

The Committee noted the reduction in training could present an increase in risks. Assurance was provided that there was a report going for discussion at the Board Meeting in January.



	<p>Key highlights of the report included;</p> <ul style="list-style-type: none"> • In order to tackle Information Governance incidents, an internal audit would be undertaken in relation to records management. All reported incidents were low grade, with no reports submitted to the Information Governance Office. • In clinical coding, there were two vacancies left to fill. • Accuracy in clinical coding remained below the target of 95%. • <p>It was noted that James Calvert, Medical Director meets with the clinical coders once a month, with updates included in his newsletter.</p> <ul style="list-style-type: none"> • Over 600,000 individuals had been logged with the digital health record system. <p>The Committee noted the outcome of phishing tests as unsatisfactory. The Committee was assured that there was an ongoing piece of work to tackle this.</p> <p>The Committee queried whether there had been any progress from Digital Health and Care Wales in regards to desktop patching.</p> <p>The Committee was assured that work was ongoing with DHCW. PS to share further update via email after the meeting. ACTION: Director of Digital.</p> <p>The Committee RECEIVED the report as assurance.</p>
<p>FPC/1612/10</p>	<p>Assurance Report from the Digital, Data and Technology Group</p> <p>Paul Solloway (PS), Director of Digital, presented the report to the Committee for assurance. Highlights of the report included;</p> <ul style="list-style-type: none"> • The moved to Ty-Gwent was complete and was successful. • Phase 2 of the Digital Ward programme had been delayed due to complications. • NHS Executive were piloting virtual ward known as Tech Cymru. This would introduce the remote monitoring of patients under a remote clinical model. • Experiencing pushback from supplier in regards to meeting the Welsh Language Measure. • The Open Eyes System was to be launched within the Ophthalmology service in January 2025.



PS outlined the next steps required for some of the changes listed within the report, which included risk assessment and escalations, and project timeline assessments where applicable.

The Committee queried what learning points could be taken from some of the difficulties and delays experienced with some of the aforementioned implementations, to reduce the risk of repeated delays in the future.

Assurance was given that sufficient distribution of responsibilities would be sought, by issuing a letter to Digital Health Care Wales, informing of the need for them to take responsibility for their own contracts.

The Committee noted the need to maintain close monitoring of developments, and requested that Paul Solloway continued to raise issues as early as possible.

Update to be brought to the next Committee meeting.
ACTION: Committee Secretariate.

The Committee **NOTED** the report.

FPC/1612/11

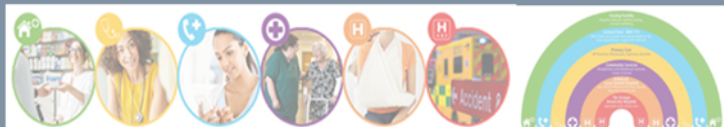
Capital Builds Impairment Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, with the support of Kelly Jones (KJ), Head of Capital Finance, provided an overview of the three impairments in relation to the large capital schemes completed in 2023/24, those being; the Bevan Health & Wellbeing Centre, the Endoscopy Unit and the Breast Unit at Ysbyty Ystrad Fawr.

It was highlighted that the valuer predicted a reduction in asset value of between 30%-40% after scheme completion, based on a modern equivalent asset basis.

It was highlighted that the scheme had experienced significant delays, which caused additional costs to be incurred.

The Committee queried the implications of this for the Health Board. Assurance was provided that there were no direct implications for the Health Board, as funding was provided by Welsh Government.



	<p>The Committee NOTED the report.</p>
<p>FPC/1612/12</p>	<p>Estates Compliance Overview</p> <p>Jamie Marchant (JM), Director of Estates and Facilities Division, updated the Committee on the current state of some of the estates within the Health Board.</p> <p>It was highlighted that there were staff shortages for skills such as electricians due to the public sector being unable to match the pay out of the private sector. This limitation would increase the risk of reduced compliance. It was noted that the compliance issues raised were mainly within the older structures within the Health Board, as the newer buildings were compliant with new building regulations.</p> <p>The Committee sought assurance that the organisation was in an adequate position with the backlog of work to be done, and that staff and patients were safe.</p> <p>Assurance was provided that the division was comfortable with the priorities set by the organisation, and that a risk-based approach had been adopted due to the emergency response nature of the service.</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/13</p>	<p>Financial Performance Report</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, provided an update to the Committee regarding the month 7 financial position, including: the risk on savings was diminishing since the last update, enhanced care hours had increased, and elective care continued to deliver. It was noted that Mental Health was the highest area of concern.</p> <p>The Committee was assured that the Health Board was receiving a proportion of new monies, roughly £9.5 million, part of a £50 million share from Welsh Government, to support services such as prescribing and CHC.</p> <p>It was noted that an additional £31 million was provided in order to tackle cost pressures, with the conditions that the Health Board provided a three-year plan, including break even to the control total each year, maintained the 104 week waiting times, and progressed regional work.</p>



	<p>The Committee noted that the annual plan was being worked through and was being linked to estimates. It was noted that the Health Board had elective funding due to how busy the organisation had been in recent months, which posed its own issues, drawing people’s attention away from the cost saving agenda.</p> <p>The Committee NOTED the report.</p>
<p>FPC/1612/14</p>	<p>Value and Sustainability Assurance Report</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, provided a quarterly update to the Committee.</p> <p>It was highlighted that as at month 7, the savings position was reported as £43.7 million, which was £3.2 million above target levels. It was noted that savings captured were aligned to divisional reported schemes and V&SB Theme areas.</p> <p>Other highlights of the report included;</p> <ul style="list-style-type: none"> • Business intelligence from the detailed work the finance team had undertaken with pharmacy staff, had identified that ophthalmology drugs spiked and the service had undertaken more wet AMD activity than planned. • Workforce had focused on variable pay and different mechanisms around retention. Deep dives were being held into the expansion of E-Roster system access. • Local & National work around service redesign, particularly planned care, and inpatient reconfiguration required greater focus. <p>The Committee queried how all of the work laid out within the report, as well as the QIA process, would work together.</p> <p>Assurance was provided that the QIA process had identified some areas where proposals needed more work to progress and some proposals that should not be pursued for various reasons. It was noted that a formal review would be presented at the Executive Committee.</p> <p>The Committee RECEIVED the report.</p>
<p>FPC/1612/15</p>	<p>Efficiency Opportunities and Update Report</p>



	<p>Robert Holcombe (RH), Director of Finance and Procurement, with the support of Fidelma Davies (FD), Head of Strategic Financial Planning, presented the Efficiency Opportunity and Update Report to the Committee, outlining how benchmarking was utilised within the organisation, and how it would help to identify key areas of focus.</p> <p>It was noted that the annual exercise within phase 1 of the principled approach to deploying benchmarking would be updated as reports were published throughout the year.</p> <p>The Committee noted the results of the benchmarking analysis, broken down by division and service improvement.</p> <p>The Committee sought assurance that the benchmarking methodology would be able to capture the comparability of the different demographics within the Health Board's various catchment areas.</p> <p>The Committee was informed that a total comparison would not be possible within the strategy, although every effort was being made to off-set the differences.</p> <p>It was noted that the investigations were completed centrally, but without limiting the divisions from completing their own investigations.</p> <p>The Committee NOTED the report.</p>
FPC/1612/16	<p>Review of Committee Annual Programme of Business 2024/25</p> <p>The Committee Programme of Business 2024/25 was provided to the committee for information.</p> <p>The Committee NOTED the report.</p>
FPC/1612/17	<p>Committee Risk Report</p> <p>The Committee Risk Report was provided to the Committee for Information.</p> <p>The Committee NOTED the report.</p>
FPC/1612/18	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>Nothing reported.</p>



FPC/1612/19	Any Other Urgent Business Nothing Raised.
FPC/1612/20	Date of the Next Meeting: <ul style="list-style-type: none"> • 17th of February 2025, 09.30-12.30.

DRAFT





**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
17/06/2024	FPC1706/03.1	<p>Performance Management and Escalation Report Director of Corporate Governance to arrange a committee development session focussed on performance and accountability arrangements</p>	<p>Director of Corporate Governance</p>	<p>September 2024</p>	<p><u>17 February 2025</u> Review of performance and accountability arrangements confirmed for board development session to be held 30th April 2025</p> <p><u>16 December 2024</u> Session to be aligned with work being undertaken by the Executive Team on Performance Reporting and Escalation arrangements and</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					annual review of the Performance Management Framework in Q4.
09/09/2024	FPC/0909/06	<p>Focused Performance Report – Discharge Programme and Delays</p> <p>Director of Nursing to update the Committee on discharge process development in 12-months.</p>	Committee Secretariat/ Director of Nursing	September 2025	<p><u>16 December 2024</u></p> <p>To be included within the Committee's workplan for 2025/26.</p> <p><u>17 February 2025</u></p> <p>Item included on the Committee's Forward work Programme for 2025/26.</p>
16/12/2024	FPC/1612/07	<p>Performance Report, December 2024</p> <p>Follow up to be sent circulated to Committee members confirming the start date for new consultants in emergency care.</p>	Director of Strategy, Planning and Partnerships	February 2025	<p><u>17 February 2025.</u></p> <p>Email circulated to Committee members on the 4th February 2025.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
16/12/2024	FPC/1612/09	<p>Information Governance Report, including SIRO Update</p> <p>Update to be shared via email, regarding progress from Digital Health and Care Wales and desktop patching.</p>	Director of Digital.	February 2025	<p><u>17 February 2025.</u></p> <p>Awaiting System change from DHCW which is scheduled for February.</p>
16/12/2024	FPC/1612/10	<p>Assurance Report from the Digital, Data and Technology Group</p> <p>Item to be scheduled for update at next Committee meeting.</p>	Committee Secretariate	February 2025	<p><u>In Progress</u></p> <p>Included in the Forward Work Programme April 2025</p>

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.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Report – February 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning & Performance

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

Er Sicrwydd/For AssuranceEr Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Finance and Performance Committee with a Progress Report against the Aneurin Bevan University Health Board’s Annual Plan 2024/25. This report summarises the Health Board’s performance against our Annual Plan key performance metrics. All performance metrics have been updated to reflect the latest, validated position, for which the majority are up to the end of Quarter 3 2024-25. A minority are as of November 2024, and one (Pathway of Care Delays) is reporting as of January 2025. The full Performance Report details performance against the Cabinet Secretary Priorities, and all Annual Plan measures across the five system change priorities.

The Committee is asked to:

- Note the performance of the Health Board, as of the latest reporting periods.

Cefndir / Background

An interim Performance Report was presented to the Board in January 2025, setting out progress against the Annual Plan performance ambitions, including the

Ministerial priority metrics and updates against the key deliverables under each of 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.

This report provides an update against these measures, where data is available up to the end of Quarter 3 against the system priority areas above.

Asesiad / Assessment

1. Cabinet Secretary Priorities

Of the 11 Cabinet Secretary Priorities, 6 are meeting/exceeding agreed trajectories, 2 are borderline, and 3 are not meeting trajectory. Full performance against trajectories is detailed in the main report, however updates of significance are:

- Pathway of Care Delays: Significant reduction delivered over previous 3 months to latest reporting period, reducing from 235 in November 2024 to 175 in January 2025.
- Urgent and Emergency Care (UEC) Metrics (>1hr ambulance handover and >12hrs in EDMIU): Performance for these measures saw some deterioration in December, which is typical for the time of year and a result of the elevated winter system pressures.
- Planned Care (52 weeks new Outpatient appointment and 104 weeks all stages RTT): For 104 weeks, the Health Board is ahead of the revised trajectory (May 2024 submission), however monitoring is now against a zeroed position to be delivered by the end of 2024/25 following additional funding for various Planned Care Specialties. 52 weeks new Outpatient is tracking marginally above trajectory, however the gap is narrowing and certain schemes within the 104 work will help to decrease this further by the end of the year.
- Cancer & Diagnostics (SCP compliance and >8 week waits): Cancer compliance is below trajectory at the end of Q3 (61.3%) however month to month performance does see fluctuation and overall trend since May has been positive. Diagnostics is tracking well ahead of the revised trajectory (May submission), however for this measure we are also monitoring against a new end of year position of 700 following additional funding.
- Mental Health Part 1B (Percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS) across both CAMHS and Adults: Significant improvement in performance delivered in December submission. CAMHS increased to 84.8% in December from 14.7% in November, and it now meeting the agreed trajectory. Adults also increased to 87.7% from 24.5% within the same period, and whilst marginally short of the submitted Health Board trajectory it is now meeting the national standard.

2. Performance against System Change Themes

The full Performance Report metrics and analysis performance and narrative for all Annual Plan measures across the five system change themes. A summary is provided below:

Embedding Prevention and Population Health in all that we do

4 measures in reporting period: 1 meeting trajectory, 3 off track.

Increase weight and measurement at 8 weeks has seen continual trend upwards since 2022/23 and has made a significant step forward in performance in the last reporting period to now being above trajectory.

Progressing place based models of care and sustainability in Primary and Community Services

Most recent data is November or December (Q3) 2024

6 measures in reporting period: 3 meeting trajectory, 3 off track.

Number of appointments delivered in GMS, the number of Units of Dental Activity (UDA) claimed, and Palliative Care referral performance are all only marginally behind their respective trajectories. NHS Optometry and Common Ailments Scheme claims and are well ahead of trajectory. Proportion of referrals made to Rapid Response decreased in the latest reporting period (December).

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

Most recent data is December (Q3) 2024 / *January 2025 for POCDs only*

14 measures in reporting period: 6 meeting trajectory, 8 off track.

ED performance measures have been highly challenged through winter and December performance is reflective of this, however the Health Board is still meeting its trajectory of the percentage of patients waiting less than 4 hours within the ED and MIUs. The number of UPC contacts is more than double the trajectory.

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

Most recent data is December (Q3) 2024

11 measures in reporting period: 7 meeting trajectory, 4 off track.

156 week waits have been cleared as of Q3. Cancer performance has broadly trended with improvement across all measures since the start of 24-25. 52 week new outpatient, 104 weeks all stages and 8 weeks diagnostics as per cabinet secretary updates.

Improving our Mental health services

Most recent data is Dec (Q3) 24

9 measures in reporting period: 7 meeting trajectory, 2 off track.

Parts 1a, 1b and 2 all meeting national standards. Divisional resource now being reallocated to improve Psychological Therapies performance.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the performance of the Health Board as of the latest reporting periods (November 2024-January 2025).

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	Choose an item. Choose an item. All IMTP Priorities Apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff 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 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.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
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 requirementsNo 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 ApplicableNot Applicable Choose an item.



Finance & Performance Committee: Performance Report

February 2025

- 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

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Section 2: Our Performance & System Change Delivery

PERFORMANCE SUMMARY

What went well this period?

- Good progress in the delivery of Planned Care in line with revised trajectories as a result of additional funding for ENT, Orthopaedics and Ophthalmology. 104 weeks position has reduced, from 4,408 at the end of Q1 to 3,929 at the end of Q3, and patients waiting more than 8 weeks for a specified diagnostic has improved from 4,221 at the end of Q1 to 2,493 at the end of Q3.
- Pathway of Care Delays (POCD) saw an improvement from November 24 through to January 25, reducing to 175 from 232.
- Whilst SCP compliance is below trajectory, the overall trend since May has been positive. The 62 and 104 day backlog for the SCP has seen sustained reduction in the same time period. Tumour site specific Task and Finish groups have been instrumental in delivering improvement in the backlog position.
- The focus on improvements in the delivery of the Part 1a and 1b of the Mental Health measures is now reaping benefits, with 1a compliance at 90.3% and 98.7% across adults and CAMHS respectively, and huge improvement in December for 1b compliance, again across both adults and CAMHS, at 87.7% and 84.8% respectively.

What were the challenges this period?

- Sustaining improvements made across the first half of the year in the Urgent and Emergency Care system has been challenging, with continued observed variability in performance across days and weeks, exacerbated by the extreme winter pressures.
- Planned care SOS/PIFU rates remain static and below the annual plan ambitions.
- Performance for psychological therapies measure has decreased whilst Divisional focus has been on improvement of 1b. This measure will be next area of focus.

What actions are we taking to improve?

- Work is ongoing as part of the 50 day challenge with Local Authority partners to reduce delays in the system, with a particular focus on those patients with the longest delays. This includes the Optimal Ward model being piloted at 3 wards at RGH from January, increasing those accessing the Hospital 2 Home pathway, increase in 7 day working for social care.
- Enhanced oversight and tracking of delivery of the additional activity associated with delivery of planned care targets.
- Full delivery of winter plan actions by Health Board and with partners to address performance, access and experience challenges in the Urgent and Emergency care system.

What are our risks to delivery?

- Impact of winter operational pressures on capacity of teams and system to sustain flow and discharges.
- Continued Winter pressures and potential impact on workforce capacity and resilience.
- Ensuring delivery aligned to the new end of year trajectories for funded planned care activities (104wk waits and 8wk diagnostics), specifically mobilising of all schemes associated with delivery
- Impact of drugs costs in medicine and pricing changes could negatively affect the financial forecast.
- Any unquantified risks to services affected by changes to National Insurance etc contributions, e.g. GP practices, pharmacies, care homes.

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	Ability to meet national standard?	In Month Performance against trajectory	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	175 Jan-24 (Trajectory: 254)	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% Dec-24 (Trajectory: 100%)	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	62% Sep-24 (Trajectory: 30%)	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	1,063 Dec-24 945 Mar-25	Yes	1,449 Dec-24 (Trajectory: 1,063)	Hyperlink to section
	Measure: Number of Ambulance patient handovers over 1 hour National standard/ambition: 30% reduction by December 2024 Reporting period: Monthly	705 Mar-25	Yes	803 Dec-24 (Trajectory: 705)	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	16,077 Dec-24 16,500 Mar-25	No	16,868 Dec-24 (Trajectory: 16,077)	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 0* Mar-25	No	3,573 Dec-24 (Trajectory: 3,929)	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>61.3% Dec-24 (Trajectory: 67%)</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>3,286 (79.7%) Dec-24</p> <p>3,016 Mar-25</p>	No	<p>2,493 Dec-24 (Trajectory: 3,286)</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>80% Dec-24*</p>	Yes	<p>84.8% Dec-24 (Trajectory: 80%)</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>87.7% Dec-24 (Trajectory: 92%)</p>	Hyperlink to section

Section 2: Our Performance and System Change

The Performance Report section provides detail of Health Board performance across the 5 system change themes identified in the Annual Plan 2024/25:

- 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**;

A summary of performance is provided under each theme 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.

KEY MESSAGES & ACTIONS:

- Vaccination uptake rates for MMR and HPV has remained relatively static through the last 2 quarterly reporting periods, at 85.7% and 68.0% respectively, against targets of 95% compliance. A Vaccinations Plan was received at the Population Health, Planning and Partnerships Committee in January 25, setting out improvement actions.
- Work remains underway with School Health Nurses currently undertaking a robust Vaccination Plan coupled with dedicated MMR Catch Up Clinics in Vaccination Centres and Pop-Up clinics.
- Vaccine Inequity Framework has been developed for consideration in January 2025 and to support planning for 25/26.
- New roles are being recruited, to address inequity of access, supporting communities to improve vaccine uptake.
- Plans are now in place to identify Community Champions that will assist in the education and increased uptake.
- Neighbourhood Care Networks (NCNs) are reviewing the childhood immunisation queues across the boroughs, identifying uptake in the lower performing practices and support.
- Increasing rates of weight and measurement at 8 weeks (as part of Health Child Wales) has seen sustained progress since the beginning of 22/23, with the Health Board now meeting its Annual Plan trajectory.

Priority	Performance Measure	Performance against Q2 Trajectory	Data / Trend																																																																																																																							
Health Protection & Vaccination	<p>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)</p>	<p>85.7% Below Trajectory of 92.1%</p>	<p style="text-align: center;">% children who are up to date with the scheduled vaccinations by age 5</p> <table border="1"> <caption>% children up to date with scheduled vaccinations by age 5</caption> <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>92.1%</td> </tr> <tr> <td>Q2 2023/24</td> <td>87.4%</td> <td>92.1%</td> </tr> <tr> <td>Q3 2023/24</td> <td>87.9%</td> <td>92.1%</td> </tr> <tr> <td>Q4 2023/24</td> <td>86.6%</td> <td>92.1%</td> </tr> <tr> <td>Q1 2024/25</td> <td>85.8%</td> <td>92.1%</td> </tr> <tr> <td>Q2 2024/25</td> <td>85.7%</td> <td>92.1%</td> </tr> </tbody> </table>	Quarter	ABUHB (%)	Target (%)	Q1 2023/24	87.5%	92.1%	Q2 2023/24	87.4%	92.1%	Q3 2023/24	87.9%	92.1%	Q4 2023/24	86.6%	92.1%	Q1 2024/25	85.8%	92.1%	Q2 2024/25	85.7%	92.1%																																																																																																		
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<p>Increase percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</p>	<p>68.0% Below Trajectory of 87.2%</p>	<p style="text-align: center;">% of children receiving the HPV vaccination by the age of 15</p> <table border="1"> <caption>% of children receiving HPV vaccination by age 15</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Compliance (%)</th> <th>Target (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">20/21</td> <td>Q1</td> <td>88</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q2</td> <td>88</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q3</td> <td>87</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q4</td> <td>87</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td rowspan="4">21/22</td> <td>Q1</td> <td>88</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q2</td> <td>70</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q3</td> <td>72</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q4</td> <td>73</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td rowspan="4">22/23</td> <td>Q1</td> <td>75</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q2</td> <td>78</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q3</td> <td>80</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q4</td> <td>80</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td rowspan="4">23/24</td> <td>Q1</td> <td>80</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q2</td> <td>80</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q3</td> <td>68</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q4</td> <td>68</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td rowspan="2">24/25</td> <td>Q1</td> <td>68</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> <tr> <td>Q2</td> <td>68</td> <td>87.2</td> <td>80</td> <td>95</td> <td>58</td> </tr> </tbody> </table>	Year	Quarter	Compliance (%)	Target (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	20/21	Q1	88	87.2	80	95	58	Q2	88	87.2	80	95	58	Q3	87	87.2	80	95	58	Q4	87	87.2	80	95	58	21/22	Q1	88	87.2	80	95	58	Q2	70	87.2	80	95	58	Q3	72	87.2	80	95	58	Q4	73	87.2	80	95	58	22/23	Q1	75	87.2	80	95	58	Q2	78	87.2	80	95	58	Q3	80	87.2	80	95	58	Q4	80	87.2	80	95	58	23/24	Q1	80	87.2	80	95	58	Q2	80	87.2	80	95	58	Q3	68	87.2	80	95	58	Q4	68	87.2	80	95	58	24/25	Q1	68	87.2	80	95	58	Q2	68	87.2	80	95	58
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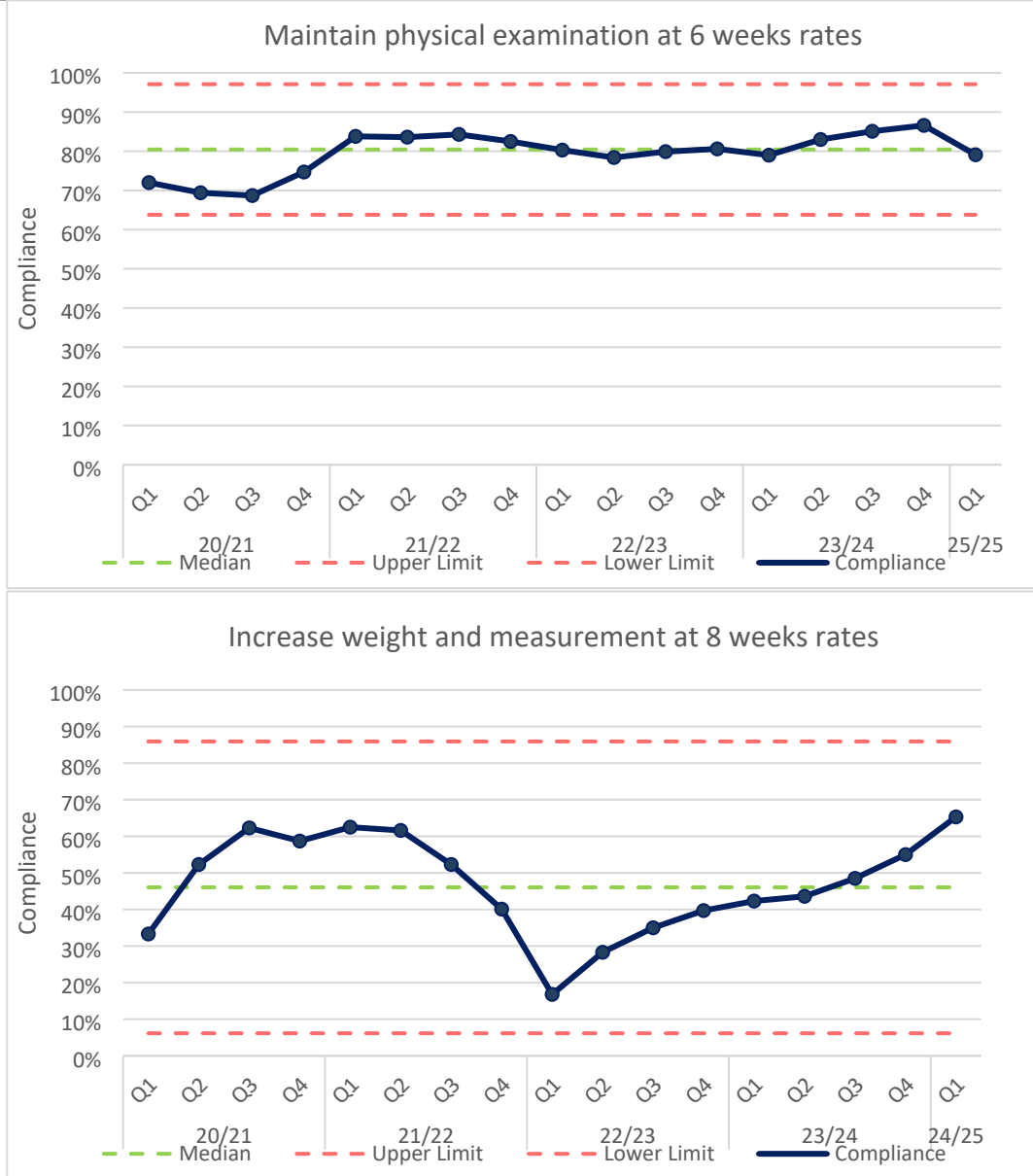
Best Start in Life

Maintain physical examination at 6 weeks rates (Healthy Child Wales)

79.1%
Below Trajectory of 92.7%

Increase weight and measurement at 8 weeks rates (Healthy Child Wales)

65.3%
Above Q3 Trajectory of 63.4%



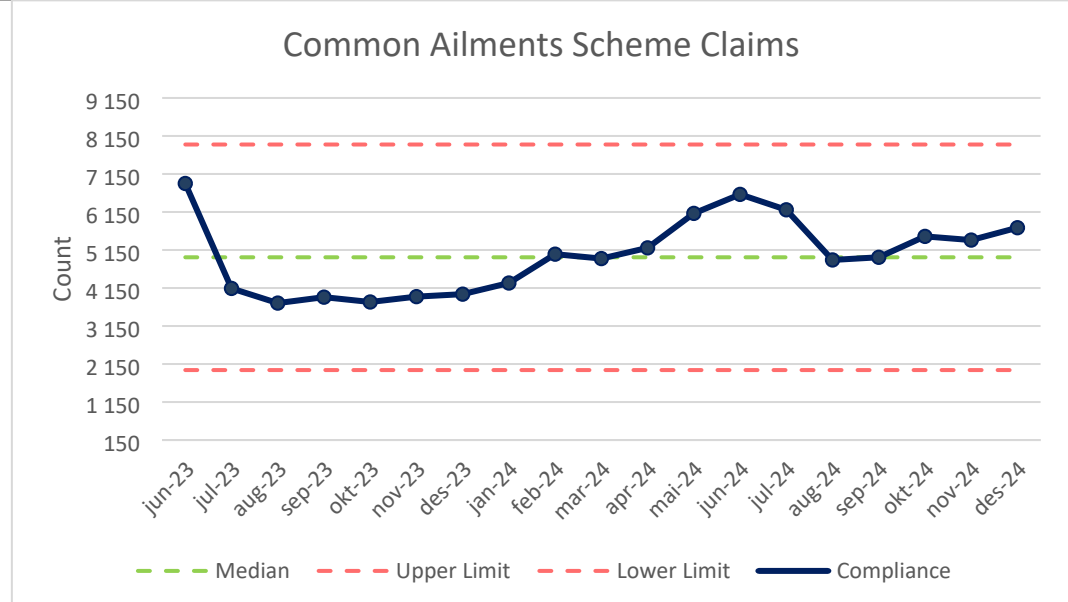
KEY MESSAGES & ACTIONS:

- GMS (GP) appointments remain close to tracking against Annual Plan ambitions.
- Contract discussions are held with GMS (GP) Contractors that are in escalation with the frequency of meetings determined by risk level.
- The number of patients accessing Optometry Services is well ahead of trajectory, with the end of year ambition on track to be met by the end of January.
- The Eye Care Board has been re-established with focus on the Welsh General Ophthalmic Services (WGOS).
- Welsh Government have supported a phased approach and the Health Board is working with Providers to ensure a smooth transition to WGOS 4 services.
- Performance for Common Ailment Scheme (CAS) claims is also above trajectory, with all Community Pharmacies now signed up to the scheme.
- A system is being developed for access to all GMS Practices to identify live CAS service provision in their area.
- Units of Dental Activity (UDA) claimed can see relatively large fluctuations month on month, however based on the average monthly activity to date profiled to year end would get close to meeting the performance ambition.
- Performance for Palliative Care Referrals assessed within 2 days had been trending downwards since May, however average performance in year to date exceeds the overall performance ambition of 95% and latest position (Dec) is now also exceeding this ambition.

Priority	Performance Measure	Performance against Q2 Trajectory	Data / Trend
Access	Maintain the number of appointments delivered in GMS	2,652,687 (end of Q3) Below Trajectory of 2,742,601	<p style="text-align: center;">Number of appointments delivered in GMS</p> <p style="text-align: center;">Appointments</p> <p style="text-align: center;">— Median — Upper Limit — Lower Limit — Compliance</p>
	Maintain the number of patients accessing NHS Optometry Services	162,262 (end of Nov) Above Q3 Trajectory of 122,888	<p style="text-align: center;">Number of patients accessing NHS Optometry services</p> <p style="text-align: center;">Count</p> <p style="text-align: center;">— Median — Upper Limit — Lower Limit — Compliance</p>

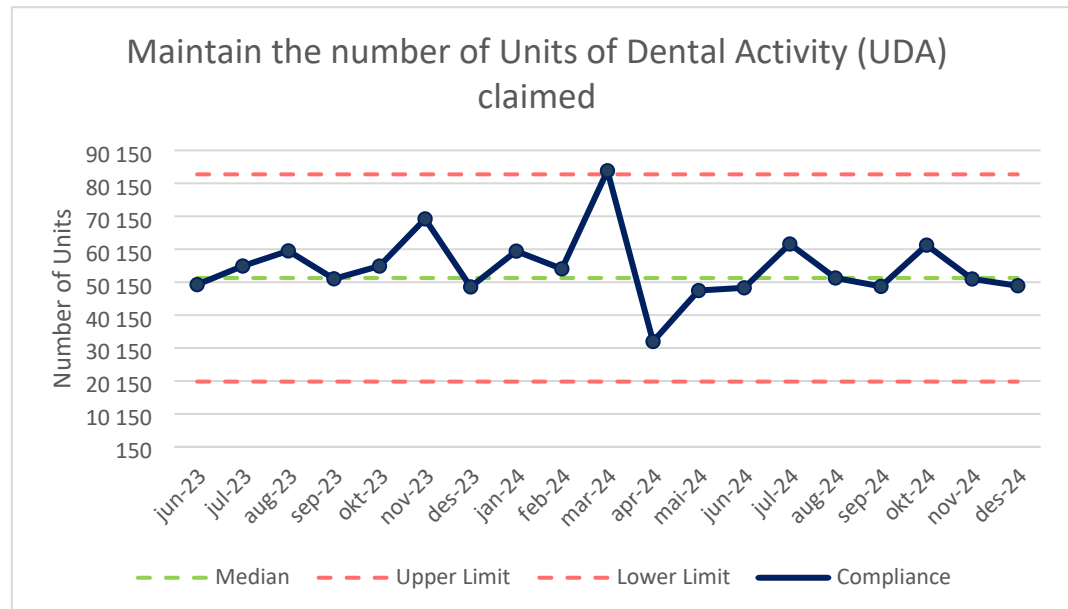
Maintain the number of consultations undertaken by community pharmacy under the common ailments scheme

50,640 (end of Q3)
Above Trajectory of 35,438



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

451,786 (end of Q3)
Below Trajectory of 461,756



	<p>Maintain 95% of Palliative Care referrals assessed within 2 days</p>	<p>96.8% (end of Nov) Above Trajectory of 95%</p>	<p>Maintain 95% of Palliative Care referrals assessed within 2 days</p> <table border="1"> <caption>Data for Palliative Care Referrals Chart</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>92</td></tr> <tr><td>Jul-23</td><td>95</td></tr> <tr><td>Aug-23</td><td>98</td></tr> <tr><td>Sep-23</td><td>95</td></tr> <tr><td>Okt-23</td><td>95</td></tr> <tr><td>Nov-23</td><td>94</td></tr> <tr><td>Des-23</td><td>97</td></tr> <tr><td>Jan-24</td><td>95</td></tr> <tr><td>Feb-24</td><td>96</td></tr> <tr><td>Mar-24</td><td>98</td></tr> <tr><td>Apr-24</td><td>95</td></tr> <tr><td>Mai-24</td><td>98</td></tr> <tr><td>Jun-24</td><td>96</td></tr> <tr><td>Jul-24</td><td>95</td></tr> <tr><td>Aug-24</td><td>95</td></tr> <tr><td>Sep-24</td><td>94</td></tr> <tr><td>Okt-24</td><td>95</td></tr> <tr><td>Nov-24</td><td>93</td></tr> <tr><td>Des-24</td><td>96</td></tr> </tbody> </table>	Month	Compliance (%)	Jun-23	92	Jul-23	95	Aug-23	98	Sep-23	95	Okt-23	95	Nov-23	94	Des-23	97	Jan-24	95	Feb-24	96	Mar-24	98	Apr-24	95	Mai-24	98	Jun-24	96	Jul-24	95	Aug-24	95	Sep-24	94	Okt-24	95	Nov-24	93	Des-24	96
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<p>Community Care</p>	<p>Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)</p>	<p>6.6% (end of Q3) Below Trajectory of 10.5%</p>	<p>Proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)</p> <table border="1"> <caption>Data for GP Referrals to Rapid Response Chart</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>8.5</td></tr> <tr><td>Jul-23</td><td>8.8</td></tr> <tr><td>Aug-23</td><td>9.5</td></tr> <tr><td>Sep-23</td><td>9.2</td></tr> <tr><td>Okt-23</td><td>8.8</td></tr> <tr><td>Nov-23</td><td>7.5</td></tr> <tr><td>Des-23</td><td>9.2</td></tr> <tr><td>Jan-24</td><td>8.0</td></tr> <tr><td>Feb-24</td><td>9.2</td></tr> <tr><td>Mar-24</td><td>9.0</td></tr> <tr><td>Apr-24</td><td>8.2</td></tr> <tr><td>Mai-24</td><td>7.2</td></tr> <tr><td>Jun-24</td><td>9.5</td></tr> <tr><td>Jul-24</td><td>8.0</td></tr> <tr><td>Aug-24</td><td>8.2</td></tr> <tr><td>Sep-24</td><td>7.2</td></tr> <tr><td>Okt-24</td><td>8.2</td></tr> <tr><td>Nov-24</td><td>8.8</td></tr> <tr><td>Dec-24</td><td>6.6</td></tr> </tbody> </table>	Month	Compliance (%)	Jun-23	8.5	Jul-23	8.8	Aug-23	9.5	Sep-23	9.2	Okt-23	8.8	Nov-23	7.5	Des-23	9.2	Jan-24	8.0	Feb-24	9.2	Mar-24	9.0	Apr-24	8.2	Mai-24	7.2	Jun-24	9.5	Jul-24	8.0	Aug-24	8.2	Sep-24	7.2	Okt-24	8.2	Nov-24	8.8	Dec-24	6.6
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KEY MESSAGES & ACTIONS:

- The Health Board remains in “Enhanced Monitoring” for ED performance in the Grange Hospital.
- Pathway of Care Delays (POCD) saw a consecutive improvement from November through to January, reducing from 232 to 175.
- Work is ongoing as part of the 50 day challenge with Local Authority Partners to reduce delays in the system, with a particular focus on those patients with the longest delays. This includes the Optimal Ward model being piloted at 3 wards at RGH from January, increasing those accessing the Hospital 2 Home pathway, and increase in 7 day working for social care.
- Over the Winter period the system has become increasingly pressured, which has resulted in the deterioration of some Urgent Care measures. The Winter Plan details a number of actions to support management of increased pressures.
- Expansion of the Discharge/Transfer Lounge (DTL) at GUH will be completed in February, to support timely and safe discharge/transfer of patients from inpatient wards/assessment units earlier in the day. The DTL will embrace a Nurse Led Model of Care and will provide comprehensive discharge/transfer support to patients by continuing basic levels of care, completing any final treatments, co-ordinating discharge medications and management of transport.
- 5 additional posts for ED Consultants have now been recruited to and are expected to be in post by April 2025. This will support 8-8 senior Rapid Assessment Model at the GUH to reduce waiting to be seen times and decongest the ED.
- Weekly enhanced monitoring meetings remain in place to oversee and support improvements.
- A new General Internal Medicine Model was implemented at GUH in November linked to a new model of care for General Medicine patients led by Respiratory.
- Ambulatory CEPOD (emergency) for same day surgery at GUH has also been implemented with the intention of scaling up, to deliver bed savings and reducing long stays in Surgical Assessment Unit.
- A stroke improvement plan is in place bringing together the 53 recommendations from GIRFT, HIW and the Welsh Government, the workstreams include: imaging, staffing, rehab, prevention, patient flow, governance, education and training, community, acute stay, data capture and audit compliance.

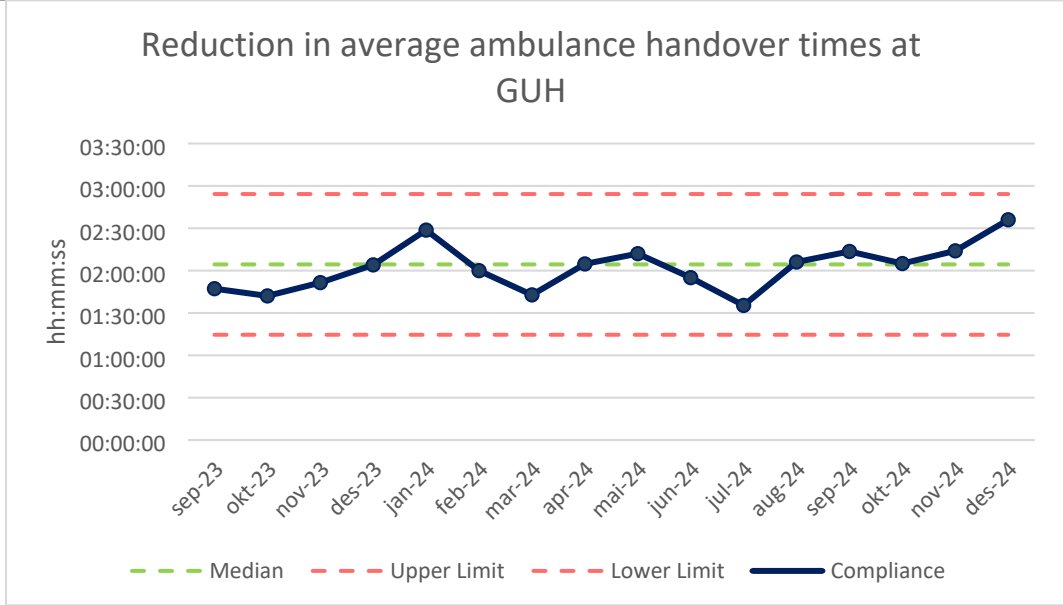
Priority	Performance Measure	Performance against Q2 Trajectory	Data / Trend
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Timely Discharge	Reduction of number of Delayed Transfers of Care	175 (as of Jan) Below Q4 Trajectory of 250	<p>Number of Pathways of Care Delays</p>
	Increase in Hospital 2 Home & Step Closer to Home Rates	44 delivered in Q2 Meeting Trajectory of quarter of quarter increase	<p>Patients accessing Hospital 2 Home pathway</p>

Enhanced Monitoring

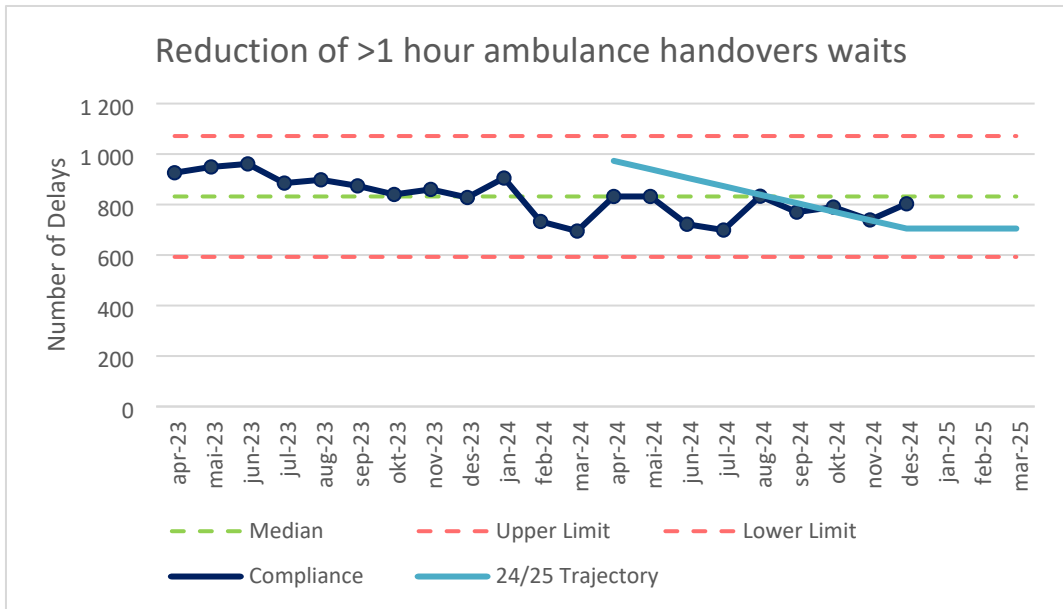
Reduction in average ambulance handover times at GUH

156 mins (end of Q3)
Above Trajectory of 65 mins



Reduction of ambulance patient handovers over 1 hour

803 (end of Q3)
Above Trajectory of 705



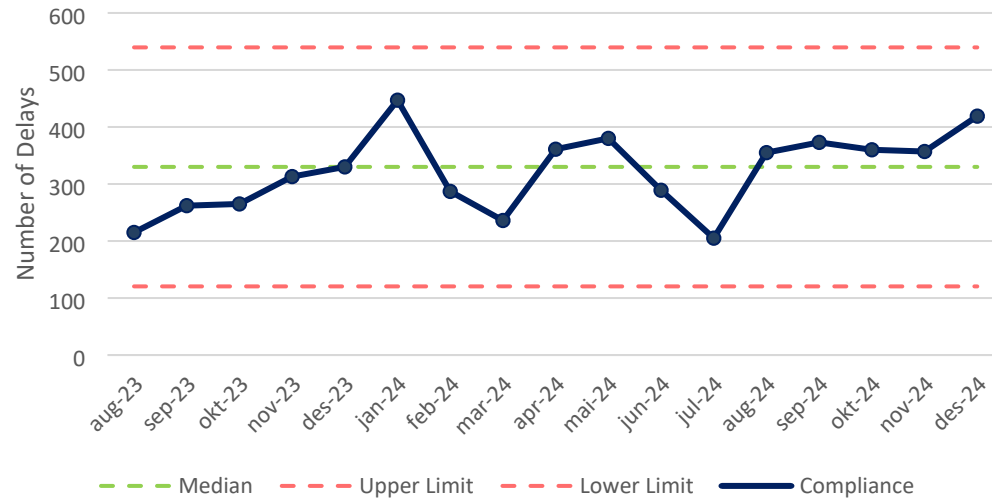
Elimination of four hours ambulance handovers waits

419 (end of Q3)
Above Trajectory of 0

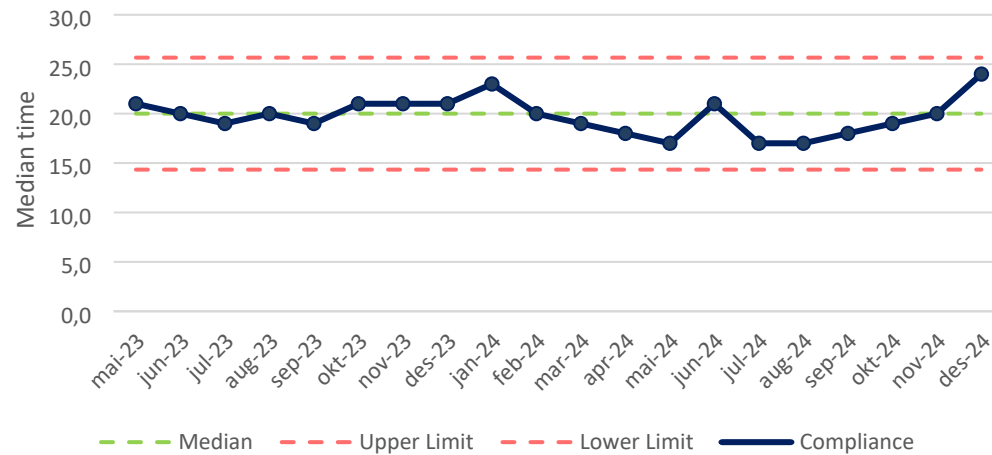
Reduction in time from arrival to ED triage - no waits over 30 minutes

Median 24 mins (end of Q3)
Median Wait Below Trajectory of 30 mins
No Waits Above Trajectory 0 > 40mins

Elimination of four hours ambulance handovers waits



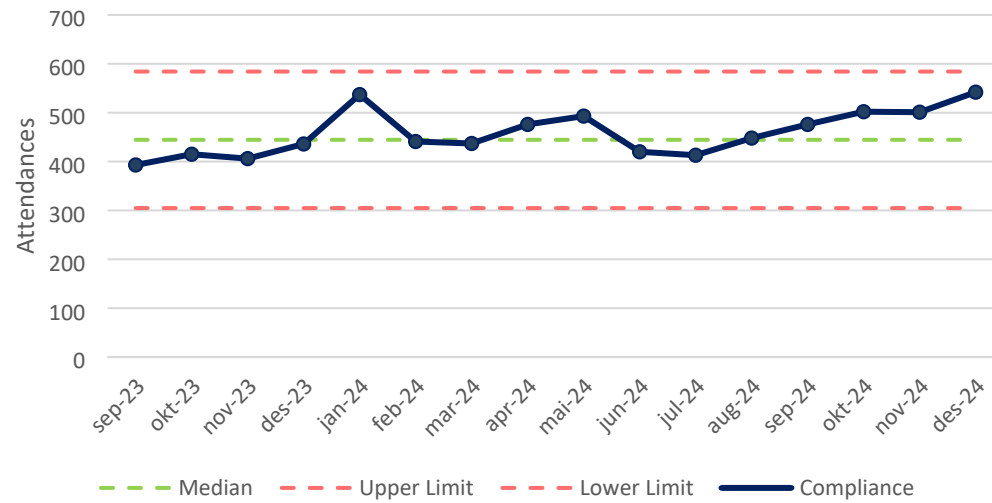
Median time from arrival at an emergency department to triage by a clinician



Decrease in ED attendances waiting over 24 hours

542/6.9% >24hrs (end of Q3)
Above Trajectory of 1.9% >24hrs

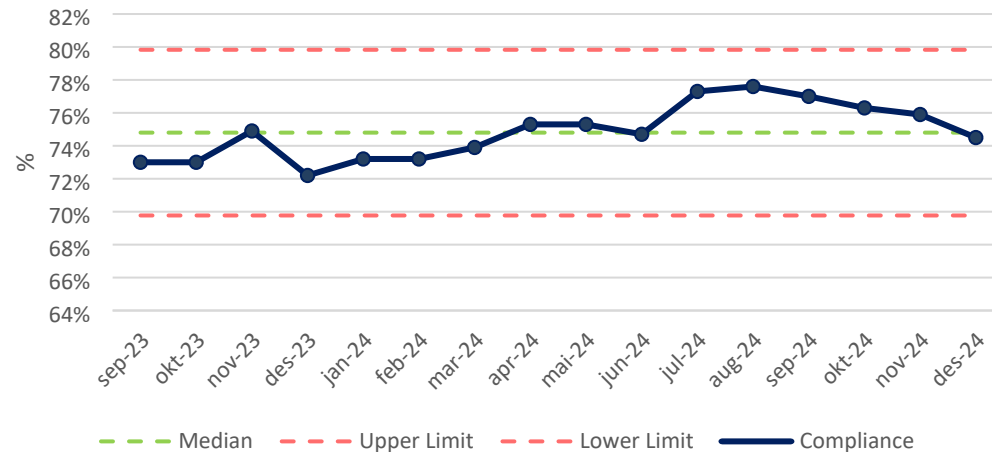
Decrease in ED attendances waiting over 24 hours



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

74.5% (end of Q3)
Above Trajectory of 73.4%

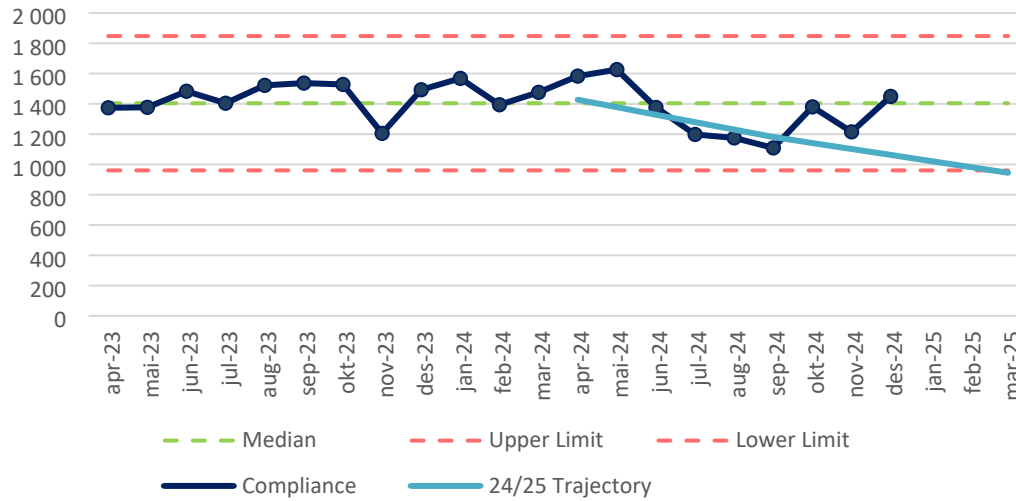
% patients waiting < 4 hrs in A&E figures inc. YAB & YYF



Reduction in number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge

1,449 (end of Q3)
Above Trajectory of 1,063

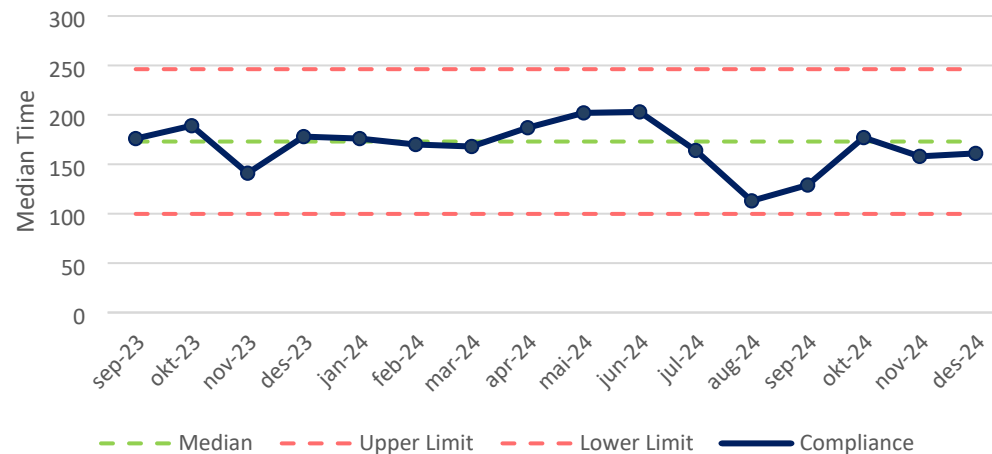
Number of patients >12 hours in EDMIU



Reduction in time from arrival to ED to seen by clinician

Median 161 mins (end of Q3)
13.8% >6hrs
Above Trajectory of 0 >4.5hrs

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



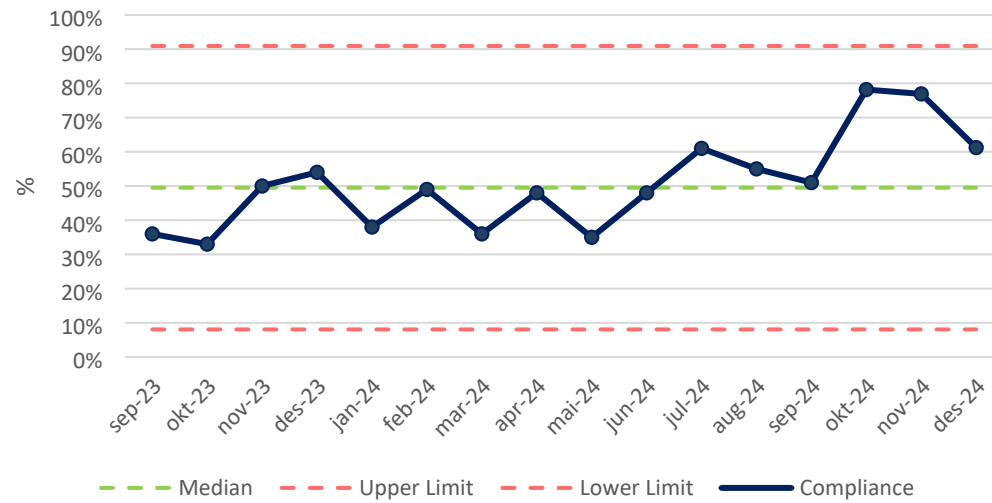
Urgent Primary Care	Maintain the number of Urgent Primary Care contacts (inc. virtual)	67,332 (end of Q3) Above Trajectory of 33,128		<h3 style="text-align: center;">Urgent Primary Care Cases - Total Contacts</h3> <p>The chart displays monthly contact counts for Urgent Primary Care from June 2023 to December 2024. The y-axis represents the number of contacts, ranging from 0 to 12,000 in increments of 2,000. The x-axis lists months from Jun-23 to Dec-24. A solid blue line tracks the 'Compliance' data, which fluctuates between approximately 6,800 and 10,200 contacts. A horizontal green dashed line at approximately 7,500 represents the 'Median'. Two horizontal red dashed lines are positioned at approximately 4,800 (Lower Limit) and 10,500 (Upper Limit). The compliance data generally stays within the limits, with a notable peak in December 2023 and another in March 2024.</p> <table border="1"> <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>6,800</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Jul-23</td><td>7,800</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Aug-23</td><td>7,600</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Sep-23</td><td>7,900</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Okt-23</td><td>8,100</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Nov-23</td><td>7,600</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Des-23</td><td>10,200</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Jan-24</td><td>9,400</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Feb-24</td><td>8,000</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Mar-24</td><td>9,900</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Apr-24</td><td>8,000</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Mai-24</td><td>8,000</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Jun-24</td><td>7,500</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Jul-24</td><td>6,900</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Aug-24</td><td>7,200</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Sep-24</td><td>7,100</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Okt-24</td><td>7,600</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Nov-24</td><td>7,600</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> <tr><td>Dec-24</td><td>9,100</td><td>7,500</td><td>10,500</td><td>4,800</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	Jun-23	6,800	7,500	10,500	4,800	Jul-23	7,800	7,500	10,500	4,800	Aug-23	7,600	7,500	10,500	4,800	Sep-23	7,900	7,500	10,500	4,800	Okt-23	8,100	7,500	10,500	4,800	Nov-23	7,600	7,500	10,500	4,800	Des-23	10,200	7,500	10,500	4,800	Jan-24	9,400	7,500	10,500	4,800	Feb-24	8,000	7,500	10,500	4,800	Mar-24	9,900	7,500	10,500	4,800	Apr-24	8,000	7,500	10,500	4,800	Mai-24	8,000	7,500	10,500	4,800	Jun-24	7,500	7,500	10,500	4,800	Jul-24	6,900	7,500	10,500	4,800	Aug-24	7,200	7,500	10,500	4,800	Sep-24	7,100	7,500	10,500	4,800	Okt-24	7,600	7,500	10,500	4,800	Nov-24	7,600	7,500	10,500	4,800	Dec-24	9,100	7,500	10,500	4,800	
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Stroke	<p>% of patients directly admitted to an Acute Stroke Ward <4hrs of clock start</p>	<p>8.16% (end of Q3) Below Trajectory of 18.2%</p>	<p>% of patients directly admitted to an acute stroke ward <4hrs of clock start</p> <table border="1"> <caption>Compliance Data for Acute Stroke Ward <4hrs</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>sep-23</td><td>16.5</td></tr> <tr><td>okt-23</td><td>6.5</td></tr> <tr><td>nov-23</td><td>11.5</td></tr> <tr><td>des-23</td><td>12.5</td></tr> <tr><td>jan-24</td><td>13.5</td></tr> <tr><td>feb-24</td><td>18.5</td></tr> <tr><td>mar-24</td><td>16.5</td></tr> <tr><td>apr-24</td><td>32.5</td></tr> <tr><td>mai-24</td><td>25.5</td></tr> <tr><td>jun-24</td><td>13.5</td></tr> <tr><td>jul-24</td><td>31.5</td></tr> <tr><td>aug-24</td><td>16.5</td></tr> <tr><td>sep-24</td><td>13.5</td></tr> <tr><td>okt-24</td><td>15.0</td></tr> <tr><td>nov-24</td><td>20.5</td></tr> <tr><td>des-24</td><td>8.16</td></tr> </tbody> </table>	Month	Compliance (%)	sep-23	16.5	okt-23	6.5	nov-23	11.5	des-23	12.5	jan-24	13.5	feb-24	18.5	mar-24	16.5	apr-24	32.5	mai-24	25.5	jun-24	13.5	jul-24	31.5	aug-24	16.5	sep-24	13.5	okt-24	15.0	nov-24	20.5	des-24	8.16	
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<p>% of unique stroke patients given Thrombectomy (all stroke types)</p>	<p>10.2% (end of Q3) Above Trajectory of 5%</p>	<p>% of stroke patients given thrombectomy (all stroke types)</p> <table border="1"> <caption>Compliance Data for Stroke Patients Given Thrombectomy</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>okt-23</td><td>5.8</td></tr> <tr><td>nov-23</td><td>4.5</td></tr> <tr><td>des-23</td><td>5.5</td></tr> <tr><td>jan-24</td><td>2.8</td></tr> <tr><td>feb-24</td><td>1.5</td></tr> <tr><td>mar-24</td><td>3.5</td></tr> <tr><td>apr-24</td><td>2.8</td></tr> <tr><td>mai-24</td><td>10.8</td></tr> <tr><td>jun-24</td><td>1.5</td></tr> <tr><td>jul-24</td><td>2.0</td></tr> <tr><td>aug-24</td><td>4.2</td></tr> <tr><td>sep-24</td><td>2.2</td></tr> <tr><td>okt-24</td><td>3.8</td></tr> <tr><td>nov-24</td><td>3.5</td></tr> <tr><td>des-24</td><td>10.2</td></tr> </tbody> </table>	Month	Compliance (%)	okt-23	5.8	nov-23	4.5	des-23	5.5	jan-24	2.8	feb-24	1.5	mar-24	3.5	apr-24	2.8	mai-24	10.8	jun-24	1.5	jul-24	2.0	aug-24	4.2	sep-24	2.2	okt-24	3.8	nov-24	3.5	des-24	10.2				
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% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours

61.2% (end of Q3)
Slightly below Trajectory of 61.3%

% Assessed by one of OT, PT, SALT within 24 hours



KEY MESSAGES & ACTIONS:

- In December 2024 the Ministerial Priority of no patients waiting more than 156 weeks was achieved.
- 104+ weeks position is tracked in line with the revised trajectory and funded initiatives across ENT, Orthopaedics and Ophthalmology to deliver a zero position by the end of the year. Significant progress has been made in mobilising the schemes to deliver this additionality although there remain a number of risks, including impact of winter pressures, procurement timescales and mobilising access to external capacity. These are being closely monitored at local and national level.
- The 8 week Diagnostics position is ahead of the revised trajectory reflecting the additional funding made available to support the reduction in the numbers of people waiting more than 8 weeks for a diagnostic.
- Whilst not meeting trajectory, Single Cancer Pathway (SCP) compliance has trended upwards overall since May.
- The 62 and 104 day backlog for the SCP has seen sustained reduction in the same time period. Tumour site specific Task and Finish groups have been instrumental in delivering improvement in the backlog position.
- Theatres have delivered sustained improvements in scheduling KPI's with significant improvement in list utilisation.
- General Surgery high volume, low complexity lists (HVLC) at NHH are transitioning from pilot to "BAU" from January onwards.
- The development of Health Pathways continues. 94 localised pathways live as of mid-December. The Health Board is engaging in national work on the Evaluation Framework for the system.
- In respect of Outpatient development, CWS developments for eAdvice to run from January to mid-February, with anticipated completion by end of March/early April.
- Following successful launch of Keeping Well Service, this is now rolling out to orthopaedic hip patients, with plans to move onto knee patients.

Priority	Performance Summary	Performance against Q2 Trajectory	Data
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longest waiting patients

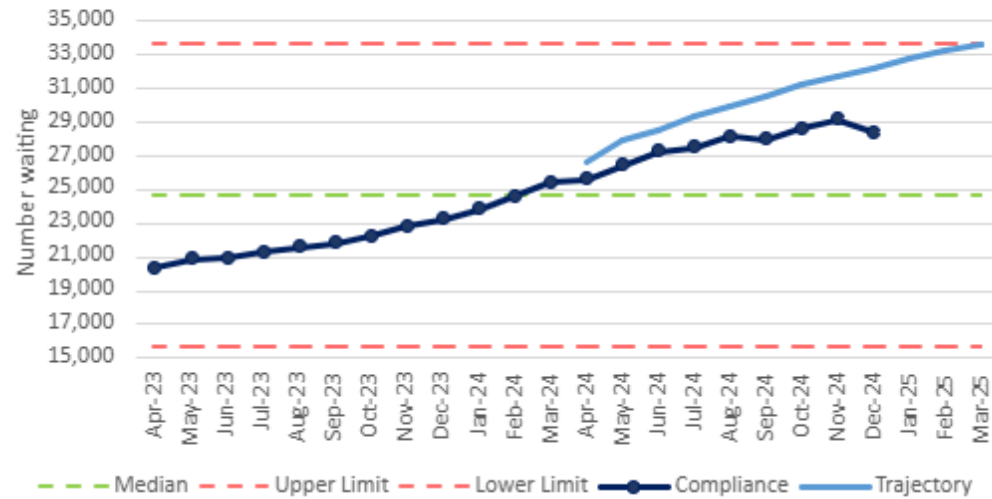
Numbers of patients waiting over 52 weeks (all stages)

28,397 (end of Q3)
Below Trajectory of 32,156

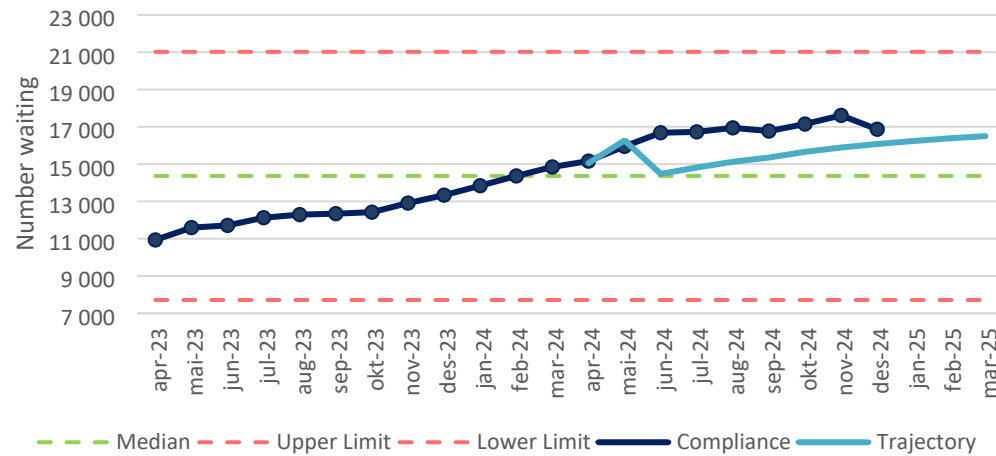
Number of patients waiting more than 52 weeks for a new outpatient appointment

16,868 (end of Q3)
Above Trajectory of 16,077

Patients waiting more than 52 weeks- all stages



Number of patients waiting more than 52 weeks for a new outpatient appointment



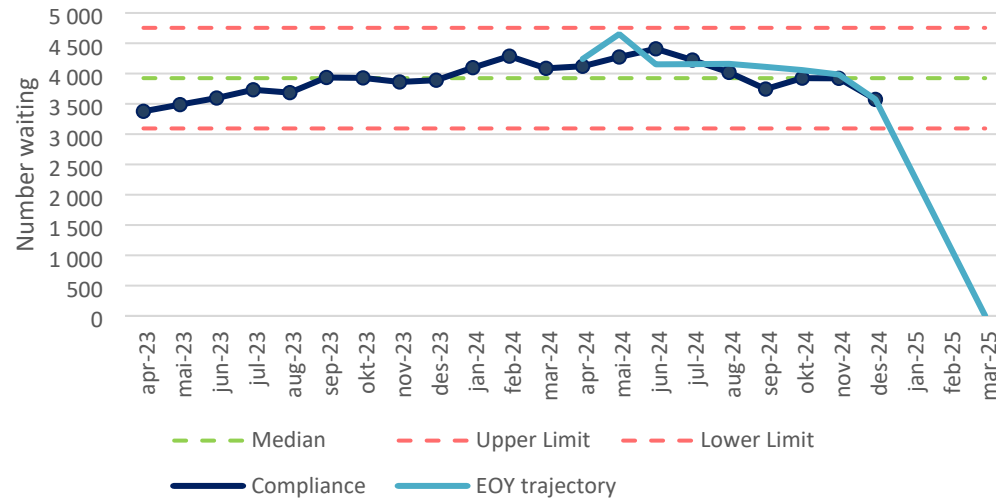
Numbers of patients waiting over 104 weeks (all stages)

3,573 (end of Q3)
Meeting revised
EOY Trajectory,
Q4 to be 0

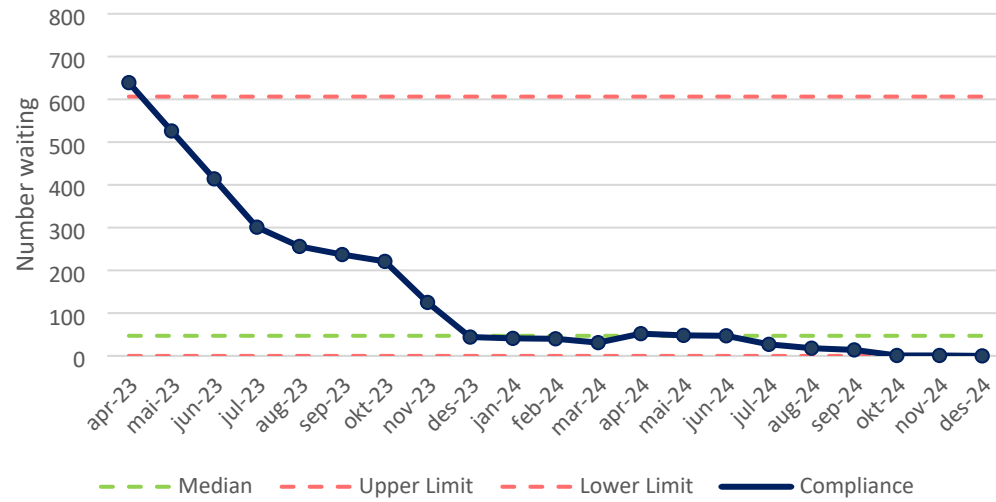
Elimination of total waits over 156 weeks (all stages)

0 (end of Q3)
Meeting
Trajectory of 0

Patients waiting more than 104 weeks - all stages



Patients waiting more than 156 weeks - all stages



Outpatient Transformation	<p>Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)</p>	<p>10.0% (end of Q3) Below Trajectory of 13.80%</p>	
	<p>Reduction in the number of patients waiting 100% past Outpatient follow-up target date</p>	<p>29,162 (end of Q3) Above Trajectory of 11,042</p>	

Single Cancer Pathway

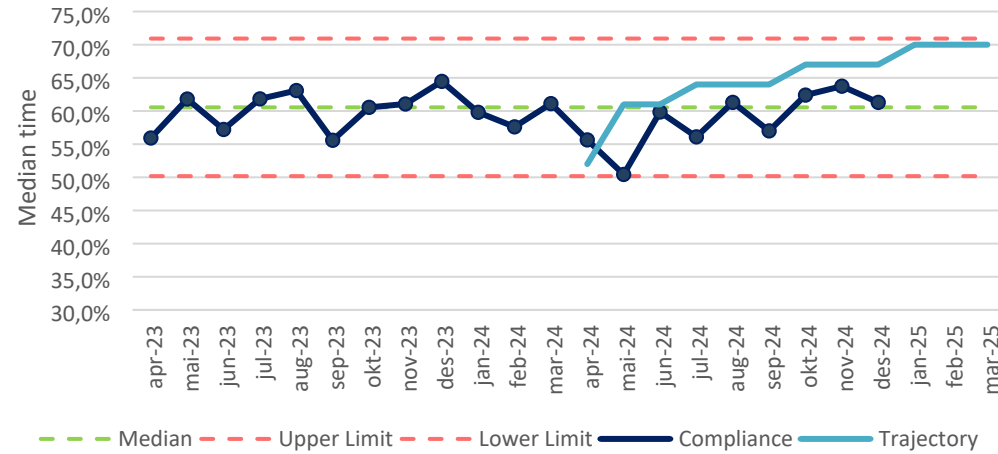
Increase in Single Cancer Pathway (SCP) 62-day compliance

61.3% (end of Q3)
Below Trajectory of 67%

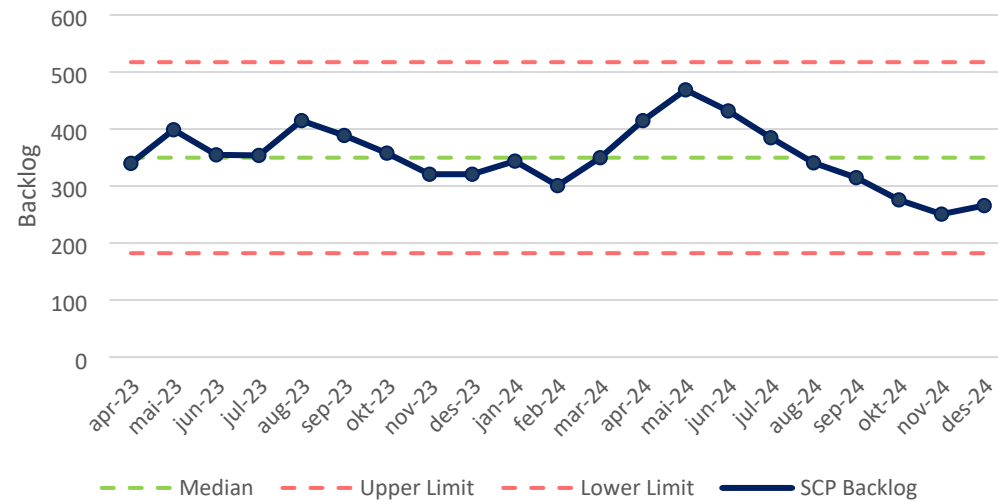
Reduction in backlog of patients waiting over 62 days (SCP)

266 (end of Q3)
Below Trajectory of 270

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



SCP 62 Day Backlog



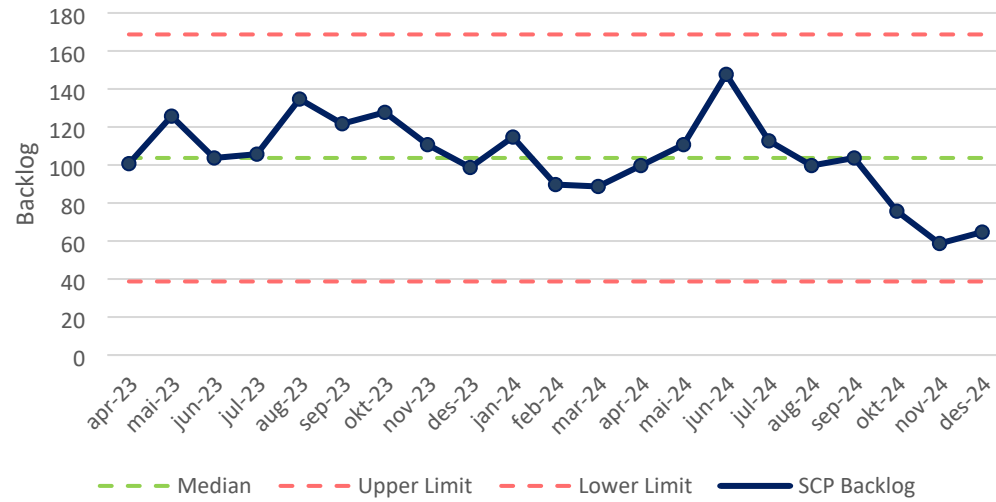
Reduction in backlog of patients waiting over 104 days (SCP)

65 (end of Q3)
Below Trajectory of 68

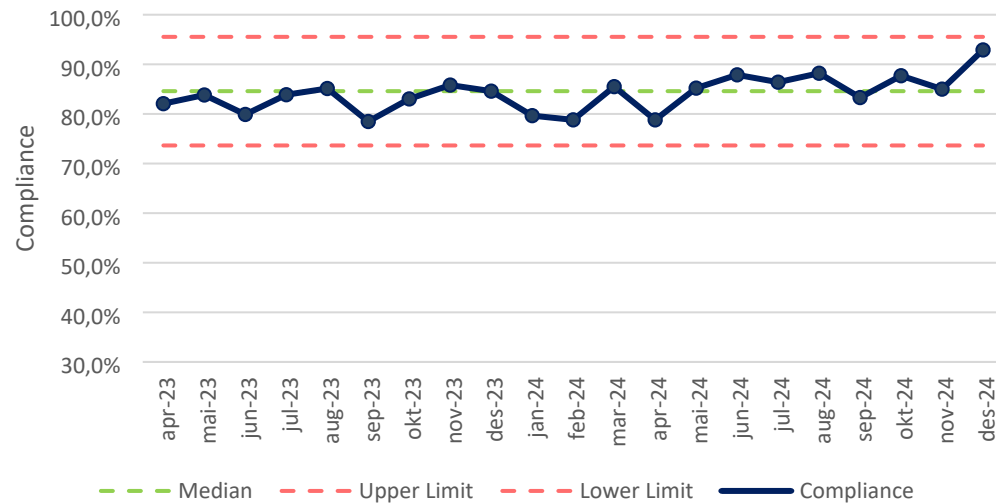
Increase in rate of cancer diagnosis or discharges within 28 days

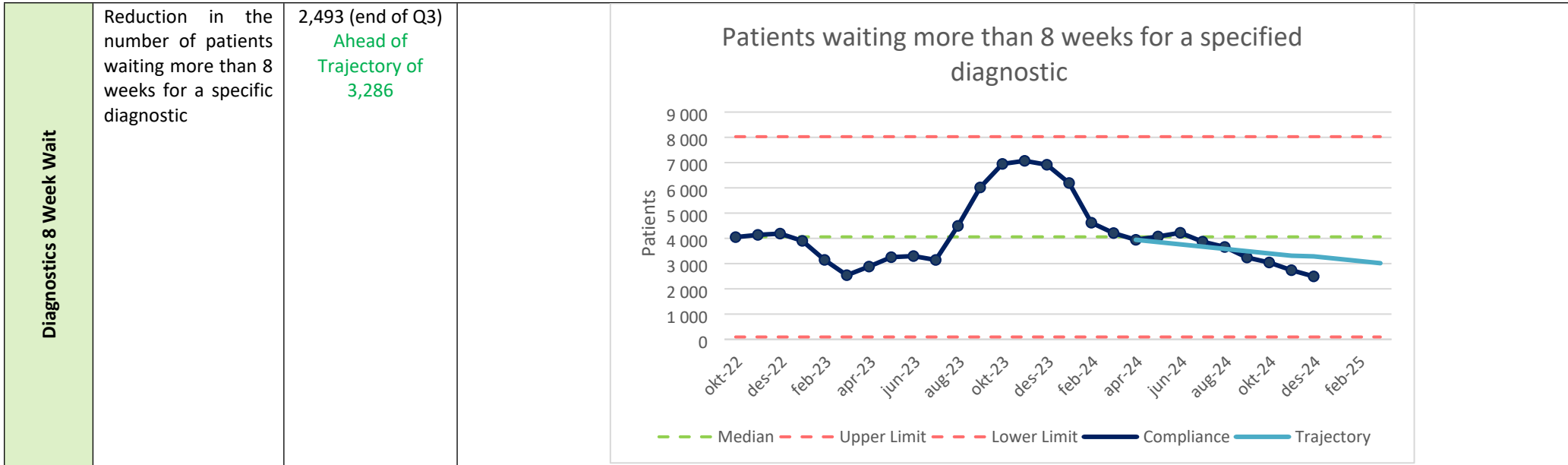
92.9% (end of Q3)
Above Trajectory of 80%

SCP 104 Day Backlog



% Compliance - Decision to Treatment 28 Day Rate





KEY MESSAGES & ACTIONS:

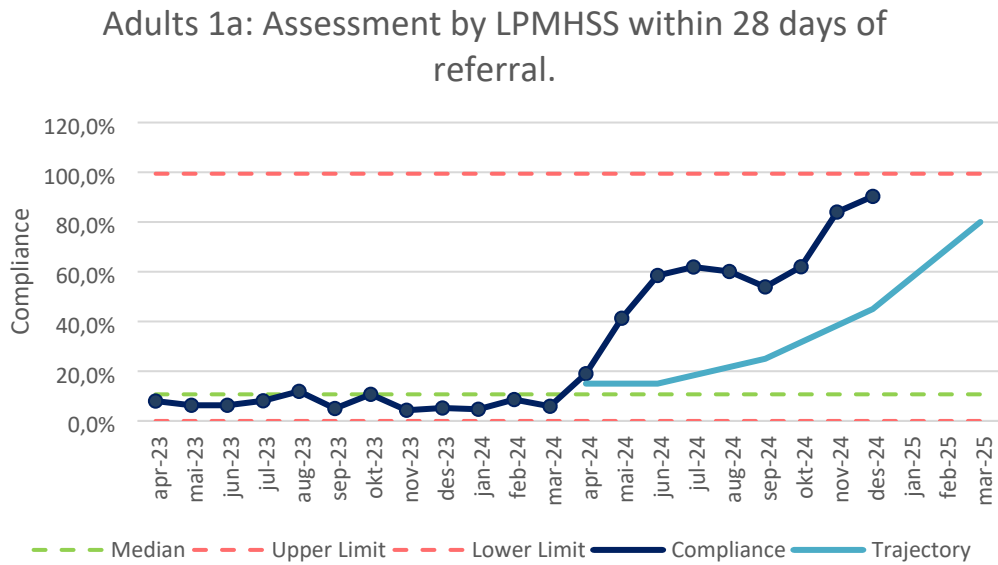
- The focus on improvements in the delivery of the Part 1a and 1b of the Adult Mental Health measures is now reaping benefits.
- Adults Part 1a compliance has risen to 90.3% following substantial efforts made by the Division.
- Adults Part 1b compliance has also seen significant improvement from November to December, rising from 24.5% to 87.7%.
- The waiting lists for both measures have decreased significantly through the year, with 1a going from ~1,350 to under 650 and 1b from ~2,750 to ~350.
- Part 2 compliance for adults is tracking trajectory and have been relatively stable throughout 24/25, although there has been a decrease in compliance in the latest reporting period (Dec) which the Division are following up with an action plan.
- The use of Robotic Process Automation (RPA) has contributed towards improved performance through impact on booking processes and addressing backlog.
- There is further work to be done with regards to provision of Psychological Therapies in Secondary Care including validation of waiting lists and implementation of new model and pathway, and improving performance for this measure is the next priority having delivered improvements against 1a and 1b.
- CAMHS Part 1a compliance remains strong, having been over 90% each month since June and at 98.7% as of Dec.
- Resource was reallocated to support improvements in Part 1b compliance, which has delivered significant improvement with Dec performance increasing from 14.7% to 84.8% and now above trajectory.
- For CAMHS Neurodevelopment, compliance is on an overall upwards trend, having now achieved over 50% compliance with the under 26 weeks standard and meeting their trajectory.
- A dedicated ND Clinician will be in place to support with ND recovery from January - March 2025 along with dedicated admin support, and to hold additional clinics to held at evenings and weekends in order to continue the progress over the final part of the year.

Priority	Performance Summary	Performance against Q2 Trajectory	Data
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Adult Mental Health

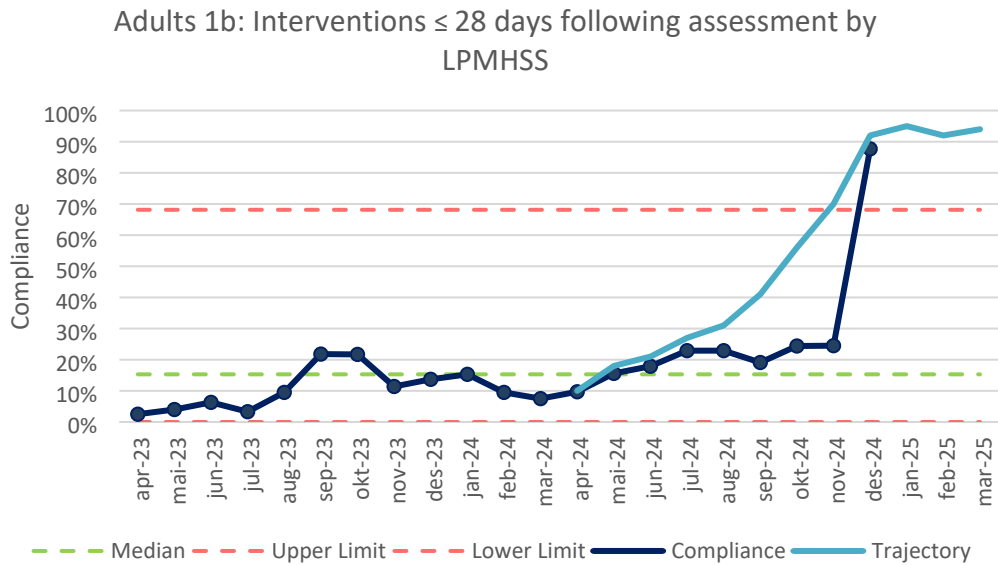
Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)

90.3% (end of Q3)
Above Trajectory of 45%



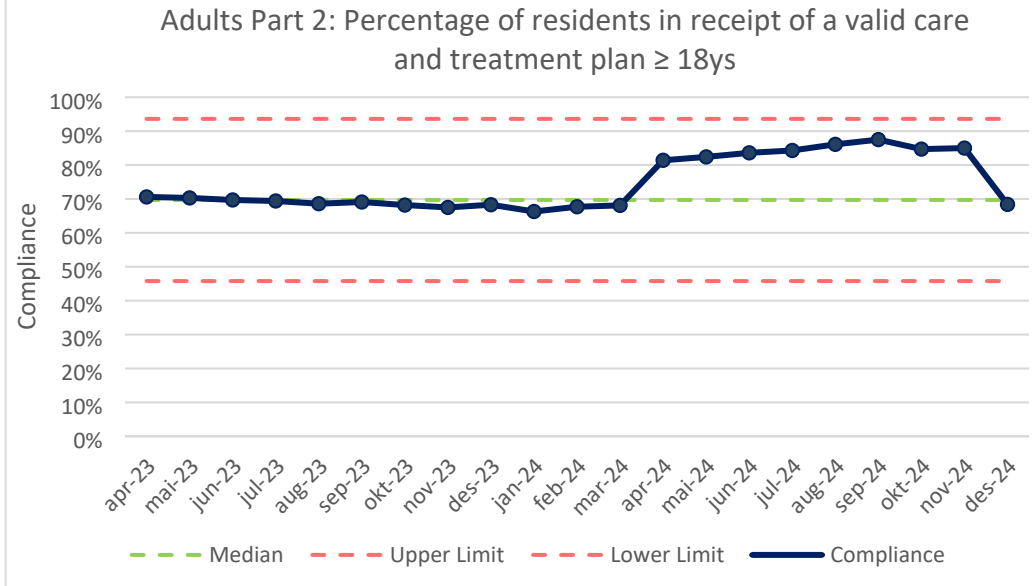
Increase in Part 1b to national target for Adult MH (interventions completed within 28 days)

87.7% (end of Q3)
Below Trajectory of 92%, exceeding national standard of 80%



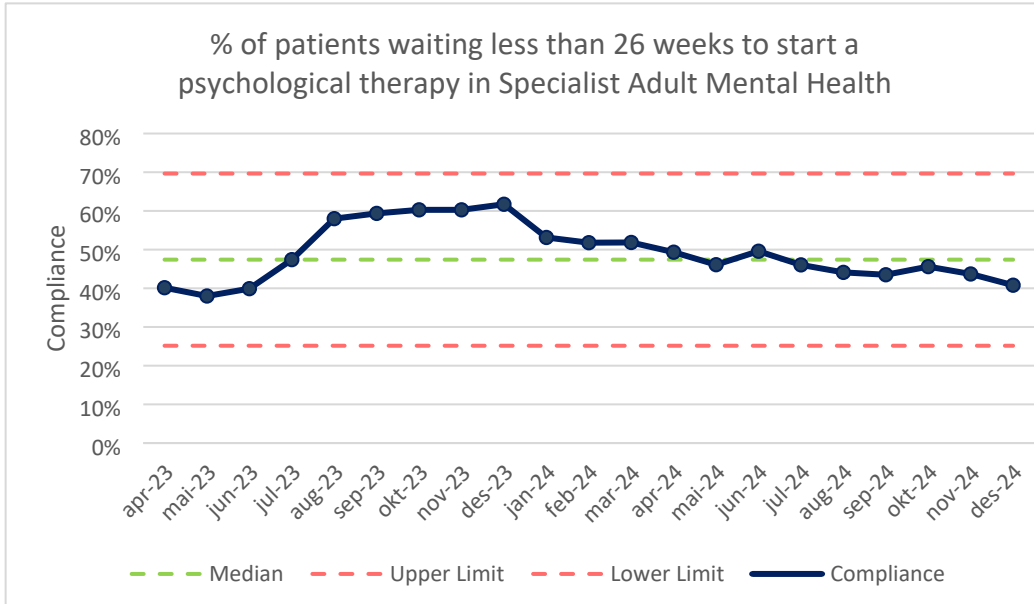
Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)

68.4% (end of Q3)
Meeting Trajectory of 68.3%



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

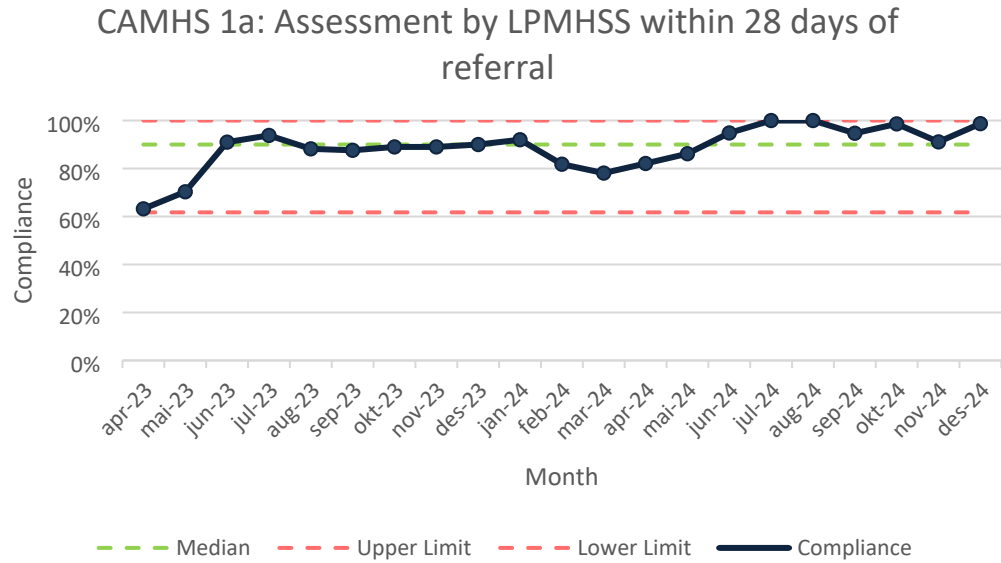
40.8% (end of Q3)
Below Trajectory of 68%



Children and Young People

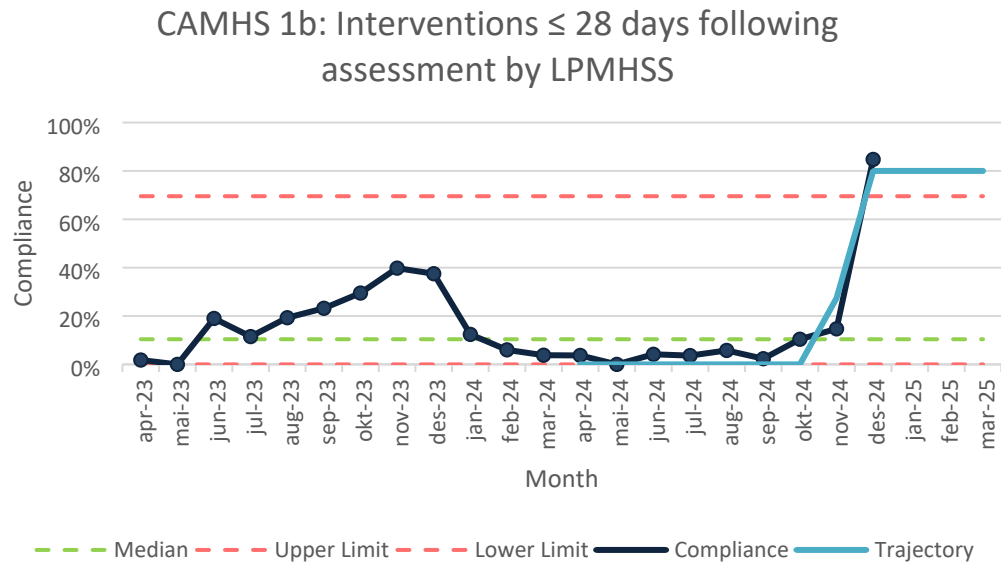
Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days)

98.7% (end of Q3)
Above
Trajectory of 80%



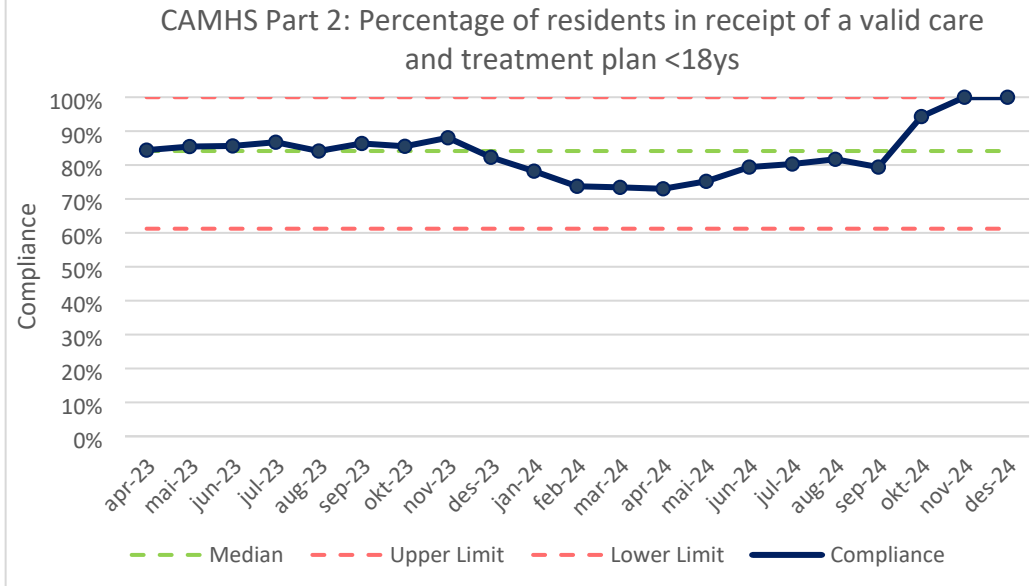
Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

84.8% (end of Q3)
Above
Trajectory of 80%



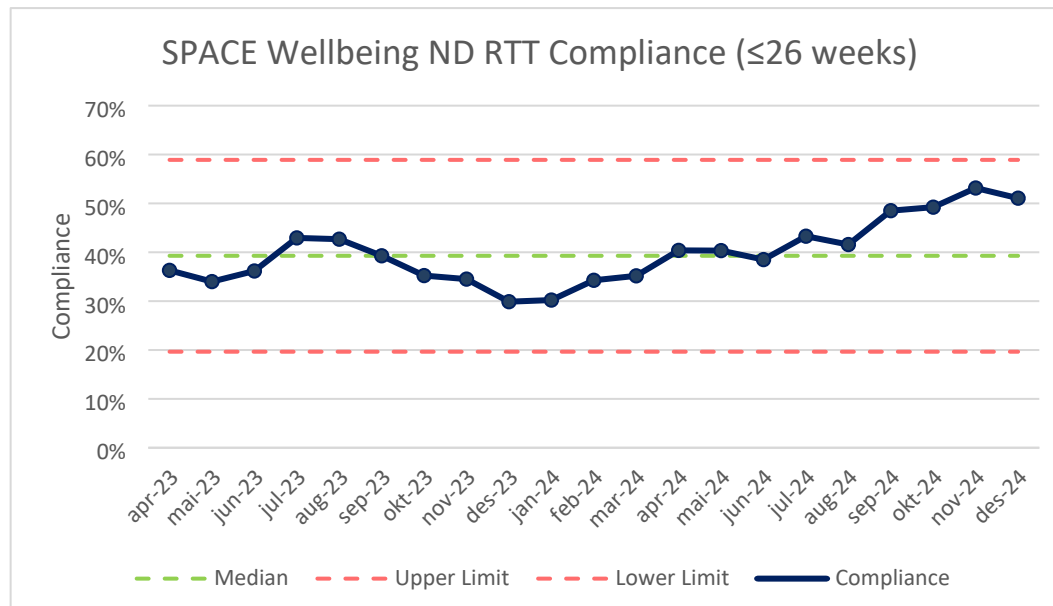
Maintain CAMHS Part 2 national target compliance

100% (end of Q3)
Above Trajectory of 90%



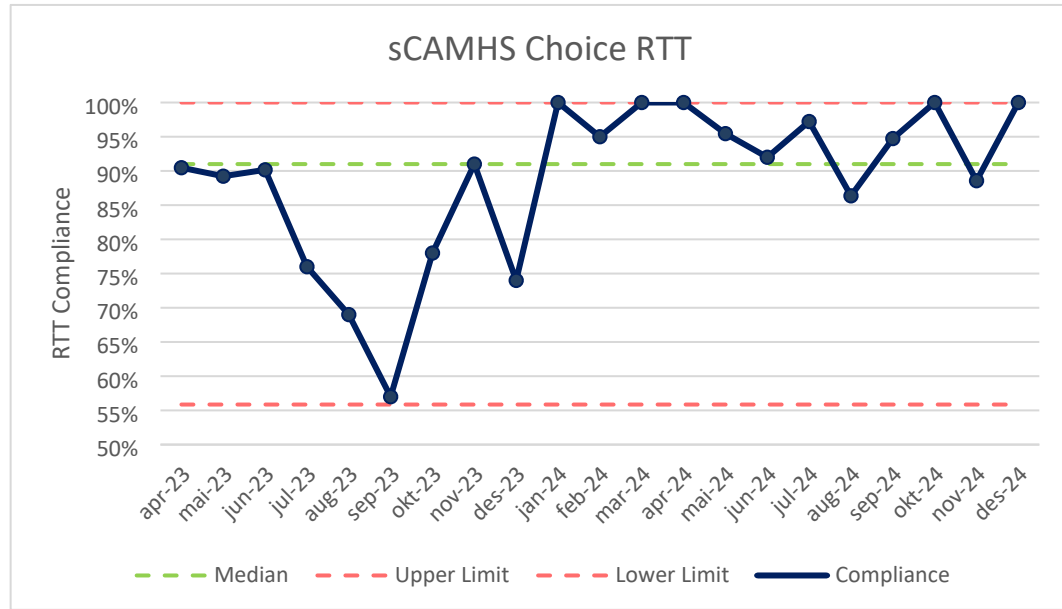
Improvement in Neurodevelopment (iSCAN) compliance

51.1% (end of Q3)
Meeting Trajectory of 51%



Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

100% (end of Q3)
Above Trajectory of 80%



DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Escalation – Update on internal Escalation Levels Post 6-month Reviews and national escalation.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director Planning and Performance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The purpose of this report is to update Finance and Performance Committee regarding Executive decision on escalation levels following the month 6 reviews. The paper also update on the national escalation levels for the organisation.

Specifically, the Finance and Performance Committee is asked to:

- Note escalation levels as per table 2 and the decision of the response to escalation levels in table 3
- Note the national escalation position and progress.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Performance and Accountability Framework 6 monthly reviews took place October through to December 2024.

The meetings have followed a standard agenda agreed and reviewed following the first year of implementation and a set slide and data pack.

Table 1 sets out schedule of meetings:

Table 1 – Schedule of meetings

Date	Directorate	Status
22 October	Medicine	Complete
4 November	Facilities and Estates	Complete
11 November	Urgent Care	Complete
11 November	Primary Care	Complete
19 November	Family & Therapies	Complete
27 November	Clinical Support Services	Complete
8 January	Mental Health & LD	Complete

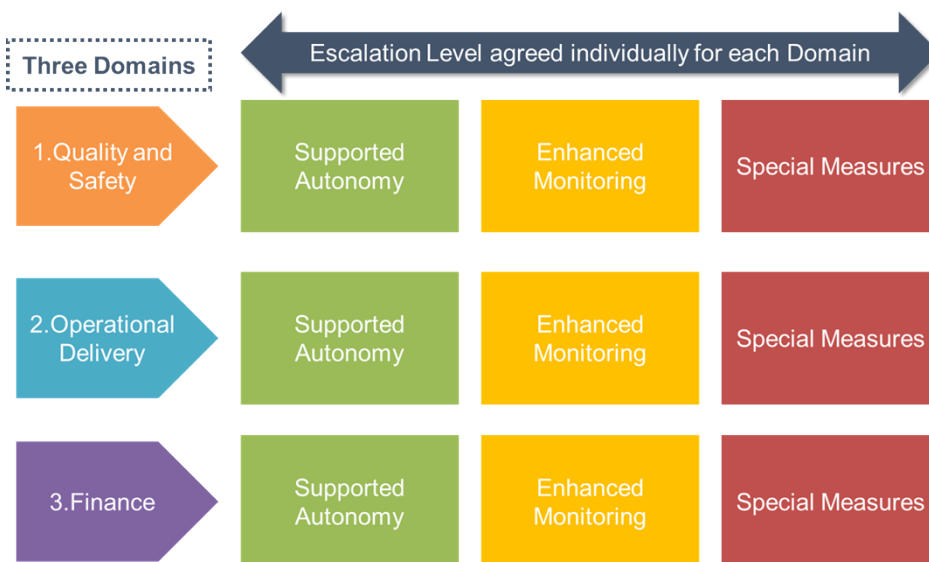
It should be recognised these reviews have coincided with a challenging winter operationally and were spread over a number of weeks with some moved to accommodate pressures. For this reason, the reviews did consider the most recent and relevant performance information available at the time of the reviews.

The purpose of this report is to confirm the escalation levels of Divisions post the 6 month review process and, due to elongated timescales, financial delivery up to month 10

Cefndir / Background

Health Board Escalation

In September 2023 the Board approved the Performance and Accountability Framework (appendix A). 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.

This paper focuses on escalation levels, and there is a review of PMF due for completion in this financial year to understand if the implementation of the meetings

and accountability is supporting overall governance and improvement in performance. The current arrangements include:

- Accountability letters for all Directors have been developed and issued that cover the broader spectrum of deliverables over and above budget delivery and include individual objectives;
- Accountability letters alongside the same model for all Divisions have been developed and issued;
- The Planning Cycle for 25/26 has been initiated and is intended to be much more explicit about delivery expectations alongside clear milestones and clarity on delivery mechanisms – this will further strengthen the accountability letters for future years;
- In Year Review of Quarterly Outcomes Report to strengthen reporting and review of Interim Performance report.

The Executive Committee, under the PMF, have responsibility for setting the escalation levels of operational divisions and corporate teams. Consideration is had in the context of:

- Outcome of 6 and 12 month reviews,
- Operational delivery,
- Consideration of any prevailing quality concerns (HIW etc),
- Financial position
- Any national escalation of services

Current escalation levels:

The extant escalation levels prior to current review are as follows.

Jun-24			
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

These escalation levels were formally communicated to Divisions in July 24.

Current national escalation status – updated November 2024

The Welsh Government Oversight and Escalation Framework (Jan 24) sets out the approach to national escalation of NHS organisations. The current escalation status of The Health Board remains unchanged since January 2024:

- **Targeted Intervention Level 4 for finance, strategy and planning.**
- **Enhanced Monitoring Level 3 for performance and outcomes related to urgent and emergency care pathways** at The Grange University Hospital emergency department.

The de- escalation criteria for Finance, Planning and Urgent and Emergency Care (Grange University Hospital) are as follows:

DESCALATION CRITERIA - 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. Progress made with regional planning.
5. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.

DESCALATION CRITERIA - Urgent and Emergency Care (Grange University Hospital)

1. A three-month continuous reduction of at least 15% in each month from the Oct-Dec 2023 baseline) for ambulance handovers over an hour.
2. Continuous improvement towards no more than 5% of patients waiting over 12 hours at each individual site and across the health board.
3. 100% of patients to be assessed by senior clinical decision maker within 60 mins from arrival.
4. Consistent reduction in delayed pathways of care (target to be agreed).
5. Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to urgent and emergency care.
6. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.
7. Evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.
8. 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.

Progress is tracked by Welsh Government via a number of mechanisms:

DESCALATION 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.
- Monthly Enhanced Monitoring for Grange ED meetings, following the monthly IQPDs
 - Monthly Planning Touchpoints with Welsh Government lead
 - Monthly Financial meeting with Welsh Government and NHS Executive
 - Quarterly Escalation meeting with Director general of Health and Social Care Welsh Government and Welsh Government Executive Team and Health Board executive team

Following the December 2024 Quarterly Targeted Intervention meeting it was noted in summary:

- Progress made in the emergency department and at Month 8 provides the confidence that the plans and actions in place will drive further improvements over the coming months.
- The maintenance of a stable financial position and progress against the 3 year road map
- The extensive engagement work across Gwent with partners and the population on the 10 year strategy brought together in the summary report
- The publication of the Grange and Hospital System report setting out the service, quality and financial impact of the new hospital and the wider system

Other points noted were:

- The considerable work taking place to improve the outcomes, patient experience and performance especially following a difficult period due to issues with CT scanners and IT system outages impacting operations.
- The department as at M8 were ahead of agreed trajectory for 1-hour handovers and 12-hour emergency department waits showed an improving position but remain above the trajectory.
- The updates on the improvement work were noted and the appointment of 5 extra consultants by April 2025, delivery of the actions as part of the 50-day challenge and the progress on the ED extension.
- Several system changes within the department, including moving the general medicine model into the respiratory department and integrating high care respiratory unit into critical care to improve efficiency, safety, and patient experience.
- Piloting additional paediatric respiratory capacity in response to projected winter demand.
- As at M8. Holding the financial position, and forecast remaining stable benefiting from the additional funding from Welsh Government.

Assessment

This section sets out the proposed escalation status and the evidence upon which the proposal is made.

Important to note that Complex Care has moved into the Primary Care and Community Division and therefore no longer has an individual review.

Proposed 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 should consider escalation levels in the context of:

- Outcome of 6 month reviews
- Operational delivery in line with plan commitments
- Consideration of any prevailing quality concerns
- Month 9 financial position

Table 2 – February 2025

Jan-25

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

The key points for discussion on the above proposal were on the continued status of the Urgent Care Division and Mental Health across the two mains of quality and safety and operational delivery. The reason for remaining in enhanced monitoring include:

- The Health Board remains in Enhanced Monitoring at a national level for ED at GUH so it is important this is reflected in approach internally.
- Improvements against the national escalation metrics has not been achieved consistently, although it is recognised there is a cross Divisional contribution required to improvements,
- Further improvements are required regarding the system level leadership of the division and oversight including a review of the flow centre model.
- An increase in the waits to be seen which 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 due to opening in May, and the Discharge lounge, given the significant risk to patients.
- Mental Health have seen sustained improvements to a number of areas and a notable improvement to addressing complaints with implementation of the improvement work developed over the past 2 years.
- The improvement programme of work found on the principles of quality improvement has been established with a clear programme of work which is on track to deliver in 25/26.
- Improvement in performance for Part 1a and 1b above the national target following clearance of the backlog. The work of the Division is recognised to achieve this improvement within the timescales set.
- Whilst good progress has been made in a number of areas it is suggested that the level remains the same until such time as delivery is sustained.

Finance

Consideration of financial status as at month 9 alongside the extant trigger (namely > £500k deficit) and therefore the following divisions are to be put into or are to remain in enhanced monitoring for finance:

- Medicine Division
- Primary, Community and Complex Care Division

- Family and Therapies Division
- Clinical Support Services Division

Executive team discussion on the financial escalation status of Surgery Division is agreed at enhanced monitoring status. The Surgery Division’s forecast outturn as at month 9 is circa 5.5% of their total budget (compared to 2.5% for Medicine Division), and so additional budget meetings will be put in place for Surgery and Medicine.

Facilities and Estates, Urgent Care and Mental Health and LD Division remain under normal arrangements for finance.

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 - Quality and Safety and operational delivery	Already established: <ul style="list-style-type: none"> • Monthly assurance meetings are in place with division • Oversight provided by the Chief Operating Officer • Additional improvement support brought into Division finishing in December 2024 • Regular reports to Executive Team and through to PQOSC • 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 • Updates through to Executive Committee
All Divisions except Facilities and Estate, Mental Health And LD and Urgent Care	Enhanced Monitoring for finance	<ul style="list-style-type: none"> • Special budget meetings in March 25 for surgery and medicine Divisions.

Following agreement, letters will be sent to all Divisional Directors confirming the outcome and next steps as set out above.

Current national escalation status

In respective of national escalation, following the December 2024 Quarterly Targeted Intervention meeting the following progress was noted:

- ✓ Progress made in the emergency department and at Month 8 the confidence that the plans and actions in place will drive further improvements over the coming months.
- ✓ The maintenance of a stable financial position delivering to the forecast,
- ✓ Delivery of the Three Year Routemap report,

- ✓ The publication of the Grange and Hospital System report setting out the service, quality and financial impact of the new hospital and the wider system
- ✓ The extensive engagement work across Gwent with partners and the population on the 10year strategy brought together in the summary report
- ✓ Positive feedback on application of the planning maturity matrix and approach to 25/26 plan development.

Other points noted were:

- The considerable work taking place to improve the outcomes, patient experience and performance especially following a difficult period due to issues with CT scanners and IT system outages impacting operations.
- As at M8, the ED service was ahead of agreed trajectory for 1-hour handovers and 12-hour emergency department waits showed an improving position but remain above the trajectory.
- The updates on the improvement work were noted and the appointment of 5 extra consultants by April 2025, delivery of the actions as part of the 50-day challenge and the progress on the ED extension.
- Several system changes within the department, including moving the general medicine model into the respiratory department and integrating high care respiratory unit into critical care to improve efficiency, safety, and patient experience.
- Piloting additional paediatric respiratory capacity in response to projected winter demand.
- As at M8. Holding the financial position, and forecast remaining stable benefiting from the additional funding from Welsh Government.

The next quarterly review meeting is scheduled for 5th March 2025.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- Note escalation levels as per table 2 and the decision of the response to escalation levels in table 3
- Note the national escalation position and progress.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

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:	
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	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<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>



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Information Performance Report (Quarter 1 and 2 of 2024/25)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Dan Davies, Chief Business Officer

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 Corporate Information Team manages and coordinates the Health Board's response and disclosures to:

1. Requests for information made under the Freedom of Information Act (2000);
2. Enquiries received from Members of the Senedd and Parliament.

This is an agreed routine bi-annual monitoring report to provide the Finance and Performance Committee with assurance on the performance of the Corporate Information function during Quarter 1 and 2 of 2024/2025 financial year.

With respect to the Freedom of Information Act (2000) ('the Act'), the Health Board recognises its obligations to provide the public with a general right of access to almost all types of recorded information that it holds. As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the Act in line with part 8.5 of the section 45 code of practice, which this report satisfies.

Asesiad / Assessment

During Quarter 1 and 2 of 2024/25, the Health Board received a total of:

- 333 requests under the Act;
- 264 enquiries from Members of the Senedd and Parliament.

With respect to requests for information made under the Act, the Information Commissioner's Office (ICO) requires 90% of our requests to be responded to within the 20-working day period. For Quarter 1 and 2, the Health Board responded to 97% and 94% of the requests, respectively, within the allowed time period.

Whilst there is no statutory or agreed time period to respond to enquiries from Members of the Senedd or Parliament, the Health Board generally aims to respond within 20 working days with more urgent matters that relate to direct patient care being prioritised. For Quarter 1 and 2, the Health Board responded to 72% and 63% of the requests, respectively, within 20 working days.

During the reporting period the Corporate Information team responded to 597 requests for information and enquiries under three separate processes. The team currently use a purpose-built system for coordinating Freedom of Information requests, which has now been successfully tested for implementation to handle enquiries from Members of Senedd and Parliament and staff. This development is anticipated to release significant administrative efforts which will allow staff to further focus on more-timely responses into Quarter 3, 4 and beyond.

A full performance report for Quarter 1 and 2 of 2024/24 on the processes coordinated by Corporate Information is appended as Appendix 1 of this paper.

Argymhelliad / Recommendation

It is recommended that the Committee:

1. Notes the assurance provided in relation to the performance of the Corporate Information function for Quarter 1 and 2 of 2024/25.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.2 Communicating Effectively 3.4 Information Governance and Communications Technology 3.5 Record Keeping
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable

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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Appendix 1: Corporate Information Performance Report

Corporate Information

The Corporate Information Team manages and coordinates the Health Board's response and disclosures to:

1. Requests for information made under the Freedom of Information Act (2000);
2. Enquiries received from Members of the Senedd and Parliament;

This is an agreed routine bi-annual monitoring report to provide the Finance and Performance Committee with assurance on the performance of the Corporate Information function during Quarter 1 and 2 of 2024/2025 financial year.

With respect to the Freedom of Information Act (2000) ('the Act'), the Health Board recognises its obligations to provide the public with a general right of access to almost all types of recorded information that it holds. As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the Act in line with part 8.5 of the section 45 code of practice, which this report satisfies.

Freedom of Information Requests

The Freedom of Information Act (FOIA) (2000) allows anyone, anywhere in the world to request recorded information held by public authorities. As a Health Board, we are required to respond to these requests within 20 working days. The Information Commissioner's Office (ICO) requires 90% of our requests to be responded to within the 20-working day period.

As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the FOIA in line with part 8.5 of the [section 45 code of practice](#).

This report therefore provides the Quarter One and Two position for requests for information received by Aneurin Bevan University Health Board. The period concerns 1 April to 30 September 2024.

Requests Handled

	Financial year 2024-2025					
	Quarter 1			Quarter 2		
	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Total number of FOI requests received	64	55	43	60	57	54
Number of FOI requests due for response	51	63	50	48	61	57
Requests processed in 20 working days	50	62	47	47	58	51
Monthly Performance	98%	98%	94%	98%	95%	89%
Quarterly Performance	97%			94%		
Information provided in full	42	43	25	40	39	27
Information partially provided (partially exempt)	0	13	6	2	4	12
Information refused in full (fully exempt)	1	2	2	6	4	8
Information not held	1	4	3	2	2	4
Request withdrawn / rejected	0	1	0	1	0	0
Number of internal review requests	1	2	2	3	2	0
Internal review requests processed in 20 working days	1	2	1	3	2	0
Monthly internal review compliance	100%	100%	50%	100%	100%	N/A
ICO Complaints received	1	0	0	1	0	0
ICO Complaints upheld	1	N/A	N/A	0	N/A	N/A

Exemptions Applied

The Freedom of Information Act contains a number of exemptions that allows the Health Board to withhold information from a requester. Some exemptions relate to a particular type of information and other exemptions are based on the harm that would arise or would be likely arise from disclosure, for example, if disclosure would be likely to prejudice a criminal investigation or prejudice someone's commercial interests.

The number of times an exemption was applied is provided in the table below:

Exemption	2024/25	
	Quarter 1	Quarter 2
Section 12 – Cost of compliance exceeds appropriate limit	15	22
Section 14(2) – repeat request	2	1
Section 21 - Information accessible by other means	3	5
Section 22 - Information Intended for Future Publication	0	1
Section 40(2) - Personal Information	3	4
Section 43 - Commercial Interest	1	3

Requests by Handling Division

Division	2024/25	
	Quarter 1	Quarter 2
Clinical Support Services	26	31
Complex Care/ CHC	4	2
Corporate	67	67
Family and Therapies	10	10
Workforce*	27	26
Medicine	1	3
Mental Health and Learning Disabilities	9	12
Primary Care	8	8
Surgery	11	15
Urgent Care	7	3

* Requests handled by Workforce have been reported outside of the Corporate category due to the large number of requests that they handle.

Enquiries from Members of the Senedd and Parliament

A Member of the Senedd (MS) is a representative elected to the Senedd (Welsh Parliament; Welsh: *Senedd Cymru*). Each person in Wales is represented by five MSs: one for their local constituency (encompassing their local area where they reside), and another four covering their electoral region (a large grouping of constituencies). Aneurin Bevan University Health Board covers the South Wales East electoral region.

A Member of Parliament (MP) is a representative elected to serve in the House of Commons within the Parliament of the United Kingdom.

Members of the Senedd and Parliament often hold a 'surgery' in their office, where local people can come along to discuss any matters that concern them. The Health Board has an established process for Members of the Senedd and Parliament to raise health-related enquiries with the Health Board on behalf of their constituents or constituencies.

Whilst there is no statutory or agreed time period to respond to enquiries from Members of the Senedd or Parliament, the Health Board generally aims to respond within 20 working days with more urgent matters that relate to direct patient care being prioritised.

A list of MSs and MPs that represent the Health Board's population is provided below:

Name	Role	Member	Area
Alun Davies	Constituency	Senedd	Blaenau Gwent
Catherine Fookes	-	Parliament	Monmouthshire
Chris Evans	-	Parliament	Caerphilly
Dawn Bowden	Constituency	Senedd	Merthyr Tydfil and Rhymney
Delyth Jewell	Regional	Senedd	South Wales East
Hefin David	Constituency	Senedd	Caerphilly
Jayne Bryant	Constituency	Senedd	Newport West
Jessica Mordan	-	Parliament	Newport East
John Griffiths	Constituency	Senedd	Newport East
Laura Anne Jones	Regional	Senedd	South Wales East
Lynne Neagle	Constituency	Senedd	Torfaen
Natasha Asghar	Regional	Senedd	South Wales East
Nick Smith	-	Parliament	Blaenau Gwent and Rhymney
Nick Thomas-Symonds	-	Parliament	Torfaen
Peredur Owen Griffiths	Regional	Senedd	South Wales East
Peter Fox	Constituency	Senedd	Monmouth
Rhianon Passmore	Constituency	Senedd	Islwyn
Ruth Jones	-	Parliament	Newport West and Islwyn

MS/MP Enquiries Received

	Quarter 1			Quarter 2		
	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Total enquiries received	59	50	31	50	57	47
Average number of working days to respond	20	18	18	20	21	19
Percentage responded to in 20 working days*	68%	68%	81%	61%	60%	68%
Quarterly Performance (days to respond)	72%			63%		

* Local target

MS/MP Enquiries by Handling Division

	Quarter 1			Quarter 2		
	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
CHC/ Complex Care	0	0	2	0	0	4
Family and Therapies	5	5	0	2	5	5
Corporate Teams	0	2	0	2	0	3
Mental Health and Learning Disabilities	4	3	0	4	5	4
Inpatient Care	1	1	1	2	1	3
Primary Care	13	8	11	7	11	8
Putting Things Right	7	6	2	6	4	1
Surgery	12	16	11	11	17	10
Urgent Care	7	3	0	4	1	2
Medicine	8	5	2	9	8	4
Clinical Support Services	2	1	2	3	5	3

MS/MP Enquiry Top Themes

Theme	Details	Number of queries in Q2
Waiting times	includes waiting times for treatments and assessments such as knee replacement, ADHD diagnosis, sleep apnoea assessment, echocardiogram, neurology assessment, dermatology consultation, cataract surgery, ADHD assessments	41
Mental Health	includes enquiries about mental health difficulties, additional mental health support, CAMHS support	16
Access to Primary Care services	covers access to GP and primary care services, pharmacies, dentists	12
Complaints	Complaints about PTR, handling of complaints and time taken to investigate or respond	6
Access to medication	includes enquiries about medication, Fampyra, Fampridine, insulin	6
Concerns for in-patient care	includes enquiries about in-patient care, discharge from hospital to care, and patient care at GUH	5
Chasing scan and test results	covers enquiries about scans, blood tests, ECG scans, and results of DEXA scans	5

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – December 2024 (2024/25 Month 9)
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 December 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 December 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 December 2024 (month 9) 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.

Dec-24					
Performance against key financial targets 2024/25					
+Adverse / () Favourable					
Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
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	602	7,285	7,356	
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 £66,504	2,638 4.0%	38,521 57.9%	0	
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	98.5%	97.8%	>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	23/24	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	£81.4m Deficit	£14.5m Deficit

As at Month 9, ABUHB is reporting a year-to-date deficit of **£7.285m**, with a forecast year end deficit of **£7.356m**. The Welsh Government letter dated 2nd December 24 notified the Health Board of additional funding totalling £40.5m; £9.5m issued recurrently to support ongoing operational pressures, and a further £31m also issued on a recurrent basis but conditional on the Health Board delivering against objectives specified within the letter. The Health Board has anticipated the total funding of £40.5m on a recurrent basis, reflected the year-to-date impact in the reported position, and adjusted the underlying and forecast positions accordingly.

There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The 2024/25 forecast of £7.356m is consistent with the revised Welsh Government control total following the additional funding of £40.5m. The Health Board is expected to achieve the control total as a minimum.

Throughout the financial year 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 9 include:

- Year to date position is a deficit of **£7.285m** with a reported full year position of **£7.356m deficit**
- Income includes anticipated funding for a number of areas including;
 - conditional WG recurrent funding
 - CHC real living wage funding where the exact value is yet to be confirmed by WG
 - WG coverage for the full costs of the 23/24 Medical & Dental wage award paid in September (£12.3m) and the 24/25 award for **all** pay groups paid in November (£14.1m outstanding, following interim funding received in month 9 of £22.9m).
- Pay expenditure in-month decreased by £21.1m compared with November. The decrease is attributable to the wage award back pay being paid in November, with new increased levels now being paid. Variable pay was £6.1m in-month which was a decrease of £0.3m compared with the prior month. Operational pressures including the winter response, enhanced care (including for RNs & RMN's), sickness and vacant posts continue to cause a pressure on the Health Board position. 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 expenditure (excluding capital adjustments) decreased by £2.5m compared with November. Key movements in non-pay are in relation to additional payments for the Pharmacy contract following receipt of additional framework funding (£1.2m) paid in November, the JCC funding and expenditure (£1.4m) also paid in November, a reduced average price per item in prescribing (£0.150m), reduced spend on direct delivery vaccines and school immunisations (£0.6m). These are partially offset by an increase in funded spend on the Section 33 pooled budget with Caerphilly (£0.750m) and whilst secondary care drug cost trends continue at high rates in line with prior months there was also an increase in FP10 costs (£0.4m).
- Savings – total annual plan savings were £40.5m with a current forecast delivery of £44.2m. The forecast delivery has increased by £1m due to a Mental Health related settled dispute. The forecast level of 2024/25 recurrent

savings has moved from a planned level of £4m to £12.6m in month 9. The Overall in-month achievement is £4.6m (YTD £29.5m).

At Month 9, the reported revenue position is a £7.285m deficit and the reported capital position is break-even. There are risks in achieving the reported forecasts.

The underlying financial deficit coming into the 2024/25 financial year was £81.4m, and the carry forward underlying deficit for 2025/26 was previously determined as £55m but was updated in November, this was revised to an underlying deficit of **£14.5m** following notification from Welsh Government of additional recurrent (baseline and conditional) funding of £40.5m. This position will be reconsidered as part of assessing the 2025/26 financial plan.

Asesiad / Assessment

• Revenue Performance

The plan 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)
- Identified savings of (£40.5m)

Annual Plan Forecast Deficit £48.9m

Following Welsh Government additional funding totalling £40.5m and the £1m reduction in forecast against the annual plan submission from Health Board actions enabled the Health Board to reduce the financial forecast to a deficit of £7.356m. In line with the revised control total for the Health Board. A summary of significant movements, updated to reflect in-month changes is as follows:

- CTM arbitration on base LTA case (£1.5m)
- CTM under-delivery at marginal rates forecast (£1.4m)
- Anticipated income for PADM's / Dispensing Dr's funding (£1.1m), Optometry contract funding (£1.1m), and international recruitment (£0.9m) – total £3.1m
- Resolution of Community CHC & MH CHC case (£2.3m)
- Additional prescribing costs above plan due to increased average price per item using August 24/25 PAR data (+£7.0m)
- Recognition of WHSSC current forecast over-performance (+£1.0m)
- Secondary care acute drugs (+£5.0m)
- Increase in forecast savings (£1.0m)
- Release of reserves held for unplanned pressures and investments (£1.5m)
- Review of balance sheet liabilities, in particular CHC and FNC growth assumptions (£1m)
- Non-recurrent benefits (£4.2m), including review of Agency liabilities (£0.8m), GMS enhanced service review (£0.9m), review of CHC growth assumptions (£1.2m), and VAT on lease cars (£0.6m)
- Net operational pressures in particular Gynaecology medical staff and Nursing maternity leave (+£2.0m)
- Welsh Government additional funding notified November 24 (£40.5m)

Annual Forecast Deficit @ Month 9 - £7.356m

The table below describes the updated position following the annual plan submission (31st of May) in further detail:-

Category	March submission	May submission	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
Underlying deficit b/f (£m)	81.4	81.4	81.4	81.4	81.4	81.4	81.4	81.4
Cost pressures identified (£m)	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8
WG discretionary funding (£m)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)
Identified savings (£m)	(29.1)	(34.4)	(40.5)	(40.5)	(40.5)	(40.5)	(40.5)	(40.5)
Pipeline opportunities (£m)	(11.4)	(6.1)	-	-	-	-	-	-
24/25 additional funding notified 2nd December 24							(40.5)	(40.5)
Sub-total deficit (£m)	48.9	48.9	48.9	48.9	48.9	48.9	8.4	8.4
CTM arbitration case benefit & revised performance	-	-	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)
CTM under-delivery at marginal rates				(1.4)	(1.4)	(1.4)	(1.4)	(1.4)
Dispensing Drs, International Recruitment and Optometry funding			(1.1)	(2.8)	(2.8)	(2.8)	(3.1)	(3.1)
Resolution of Community CHC case & MH CHC Case					(1.3)	(1.3)	(1.3)	(2.3)
Prescribing average price per item increase and NCSO				3.1	4.5	7.0	7.0	7.0
WHSSC forecast pressure (£m)			0.7	0.7	1.0	1.0	1.0	1.0
Secondary Care acute drugs					3.2	4.5	5.0	5.0
Increase in forecast savings				(1.2)	(1.5)	(1.5)	(1.0)	(1.0)
Release of reserves held for unplanned pressures and investments						(1.5)	(1.5)	(1.5)
Review of balance sheet liabilities						(1.0)	(1.0)	(1.0)
Non-recurrent benefits					(2.2)	(3.5)	(4.2)	(4.2)
Other net operational pressures including cover for maternity leave within Maternity (15 WTE), and other variable pay (+£1.0m). Plus increased enhanced care / agency in Medicine & Surgery.			0.9	2.1	1.0	1.0	1.0	2.0
Total deficit	48.9	48.9	47.9	47.9	47.9	47.9	7.4	7.4

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

Summary Reported position - December 2024 (M09)	Full Year Budget £000s	YTD Reported Variance - M09 £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	303,992	(149)	333	(483)
Prescribing	117,139	3,124	2,471	653
Community CHC & FNC	69,882	1,158	1,016	142
Mental Health & Learning Disabilities	146,132	353	153	200
Total Primary Care, Community and Mental Health	637,145	4,486	3,973	513
Surgery	148,307	6,265	5,818	446
Clinical Support Services	133,428	853	898	(45)
Medicine	171,751	3,351	2,838	513
Urgent Care	41,828	(108)	(171)	63
Family & Therapies	143,165	1,267	636	631
Estates and Facilities	95,287	(1,198)	(808)	(391)
Chief Operating Officer	9,764	(527)	(675)	148
Total Director of Operations	743,529	9,901	8,536	1,366
Total Operational Divisions	1,380,675	14,387	12,509	1,879
Corporate Divisions	99,848	(4,072)	(2,633)	(1,439)
Specialist Services	190,301	673	591	82
External Contracts	109,408	(1,989)	(1,759)	(230)
Capital Charges	50,456	(24)	(12)	(13)
Total Delegated Position	1,830,687	8,975	8,696	279
Total Reserves	12,545	(1,691)	(2,013)	322
Total Allocations	(1,830,660)	(0)	(0)	0
Other Corporate Income	(12,572)	(0)	(0)	0
Total Reported Position	0	7,285	6,683	602

Summary of key operational points for Month 9

- During December 2024, pay expenditure was £70.9m, a decrease of £21.2m compared with November.
 - Substantive pay spend was £64.8m (October £85.6m).
 - Variable pay spend was £6.1m (October £6.4m).

Pay movements include:

- 2024/25 pay award for all staff groups actioned in November including arrears to 1st April 24 (-£25m), less the impact on the pay award on December pay (+£3m)
 - increases in additional hours, waiting list initiatives and overtime (+£0.6m)
 - reduction in Bank usage offset in part by increases in Agency (net - £0.3m)
- Non-pay expenditure (excluding capital adjustments) decreased by £2.5m compared with November. Key movements in non-pay are in relation to additional payments for the Pharmacy contract following receipt of additional

framework funding (£1.2m) paid in November, the JCC funding and expenditure (£1.4m) also paid in November, a reduced average price per item in prescribing (£0.150m), reduced spend on direct delivery vaccines and school immunisations (£0.6m). These are partially offset by an increase in funded spend on the Section 33 pooled budget with Caerphilly (£0.750m) and whilst secondary care drug cost trends continue at high rates in line with prior months there was also an increase in FP10 costs (£0.4m).

- On-going acute secondary care drugs growth presents a significant pressure above planned levels and continues to increase the forecast (+£5m to date). Previous NICE indications within Haematology and Dermatology along with continued activity growth in Ophthalmology, Gastroenterology and Neurology contribute to this pressure. An analysis tool has been developed to enable the drill down of the reasons for the changes in the drugs spend, this has highlighted increased prices, increased volumes and new NICE implementations.
- 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. Winter bed pressures are emerging. There were 201 in-patients fit for discharge at the data capture point in December (235 in November). These are reported as 43 Health delays, 69 Social care delays and 89 joint delays. The top 5 reason categories in relation to delayed days are as follows:

Awaiting extra care/ supported living availability	11.7%
Awaiting Mental Health bed	9.2%
Awaiting completion of arrangements prior to placement	8.8%
Awaiting start of new home care package	8.8%
Awaiting care home manager to visit and assess (Standard 3 nursing)	6.9%

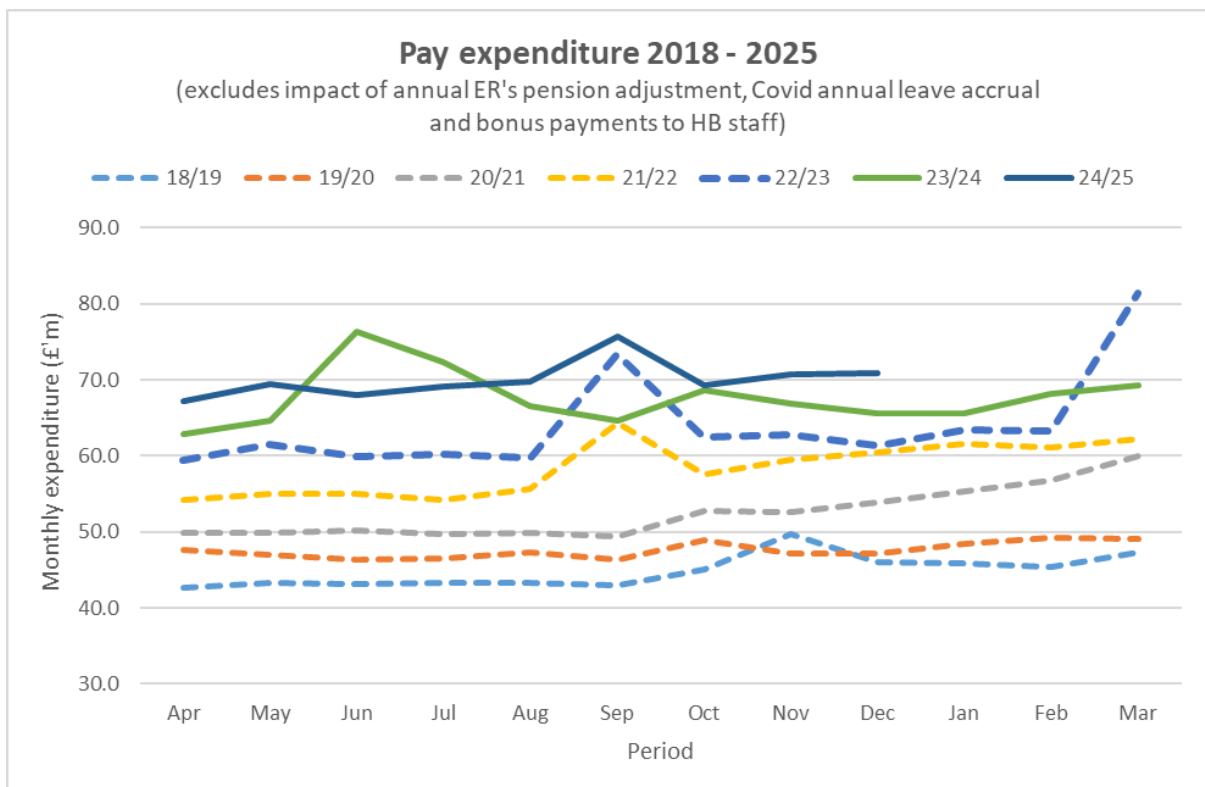
The data reflects the validated *Pathways of Care Delays* reported to Welsh Government.

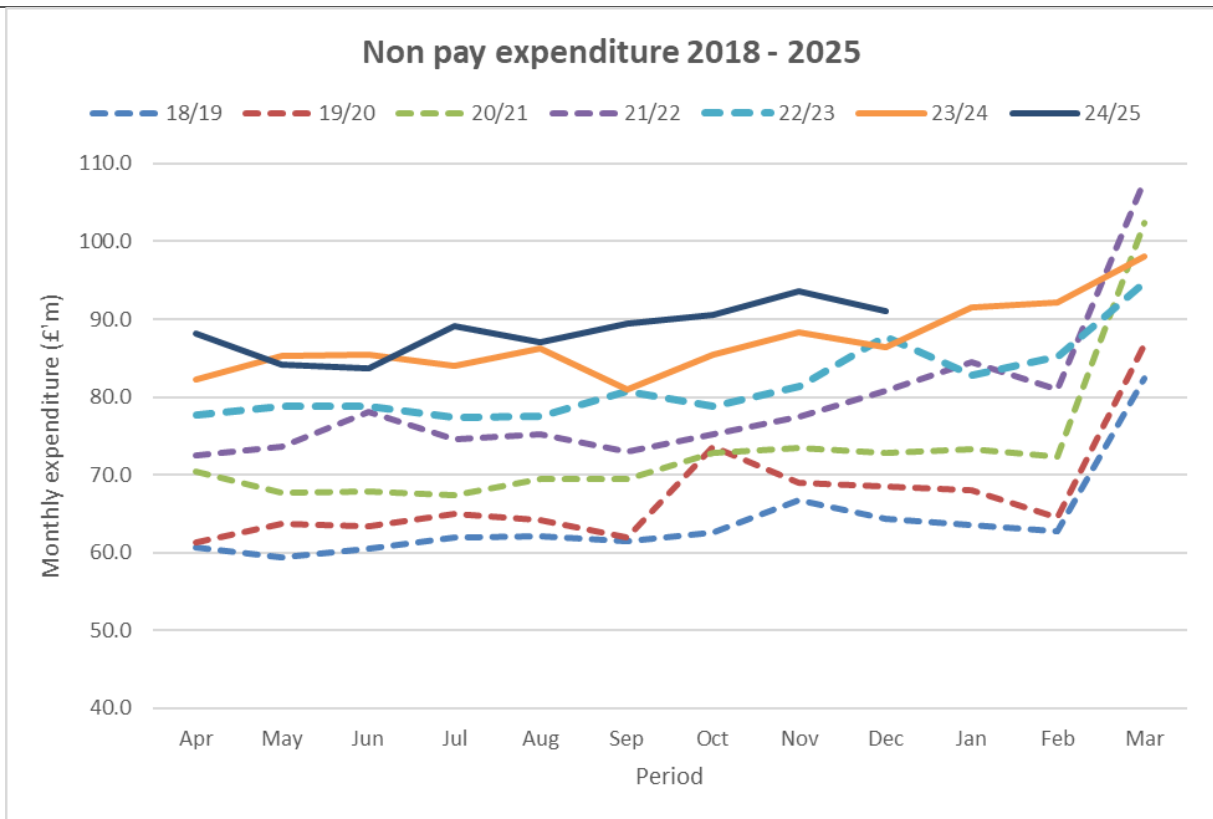
- The estimated cost for the year of continued blocked bed days for all reasons is c.£15m using a £200 cost per bed day (based on the number of in-patients for December). The demand and flow challenges across the Health Board drive surge bed capacity requirements which result in increased demand in high-cost 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, this is being progressed through the discharge and bed reduction saving programme.
- Other in-month significant points include:-

- Prescribing costs present a significant financial pressure compared with Annual Plan financial forecasts. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.66 (October PAR) resulting in a forecast overspend of £5.2m compared to budget of £117.1m. Growth is assumed to be 0.8% for 2024/25 and will be reviewed further using future PAR data. Compared to current month 9 budget, the year-to-date impact is an overspend of £3.1m.
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present an underlying financial pressure. This is expected to improve in future months due to the profile of savings achievement. Additional high-cost packages within Learning Disabilities and Paediatrics may present a further pressure in future months.
- On-going use of variable pay by Mental Health, Medicine and Urgent Care divisions for enhanced care due to increased acuity, as well as sickness, maternity and vacancy cover has contributed to an increase in the forecast spend of £1.2m.

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 in order for the Health Board to meet its annual plan deficit and even more so to a break-even position in future financial years.



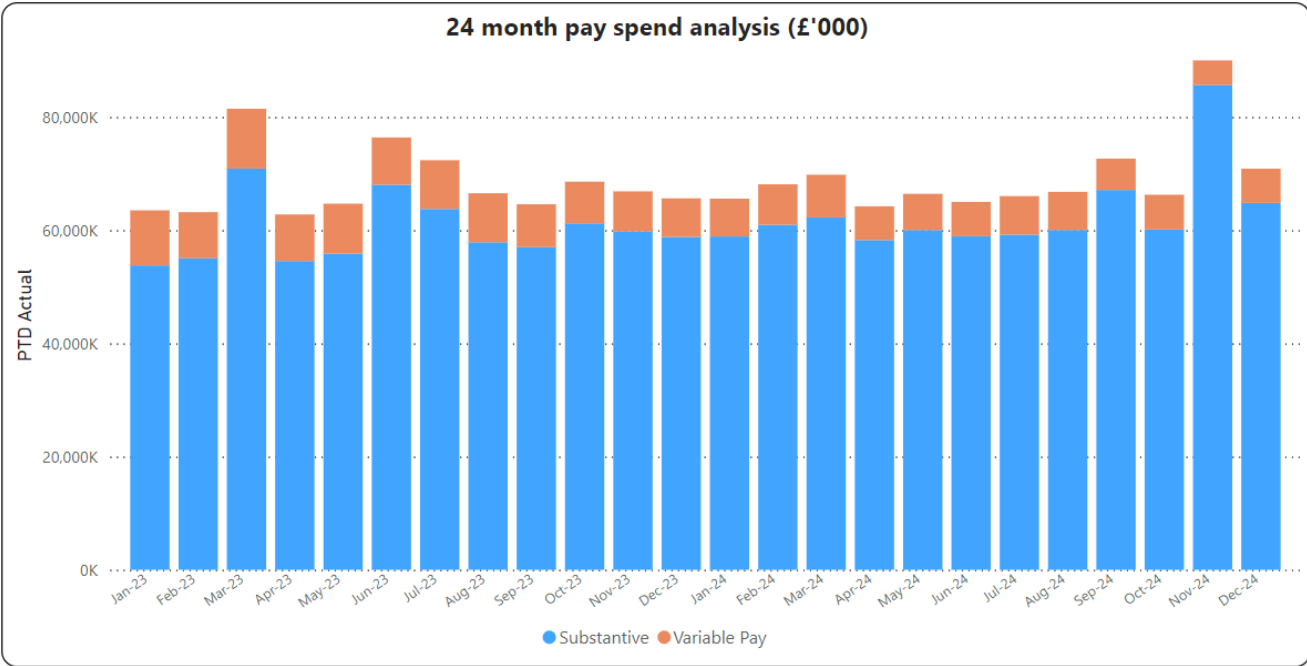


Workforce

The Health Board spent £70.9m in December on workforce, a decrease of £21.1m compared with November. The overall decrease compared to November is due to payment of the 2024/25 pay award for all staff groups actioned in November including arrears to 1st April 24 (-£25m), less the impact on the pay award on December pay (+£3m), and increases in additional hours, waiting list initiatives and overtime across a number of Divisions in relation to additional Planned Care activity. Operational pressures including enhanced care, sickness and vacant posts continue to provide a pressure on the Health Board position.

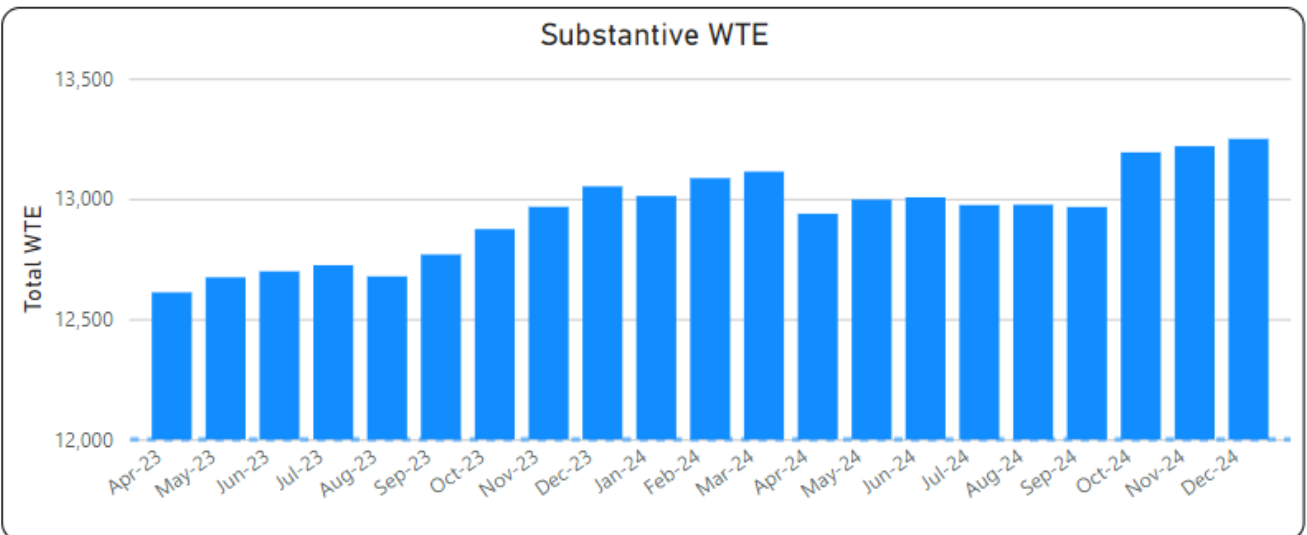
Workforce expenditure is shown below differentiating between substantive and variable pay¹:

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

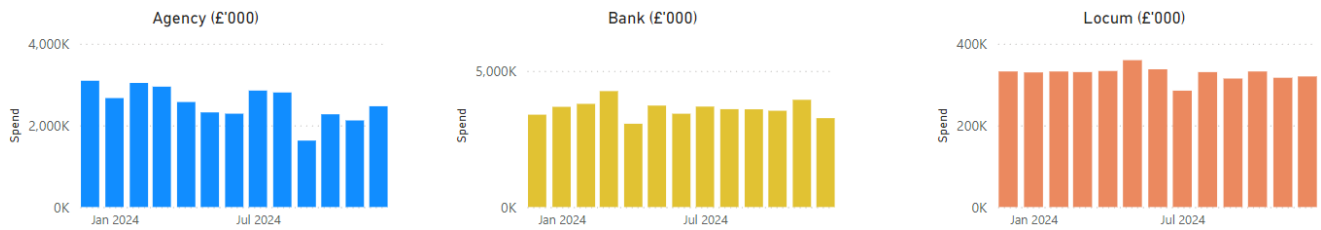
Substantive pay was £64.8m in December, an overall decrease of £21.1m compared with November, due to payment of the 2024/25 pay award for all staff groups actioned in November including arrears to 1st April 24 (-£25m), less the impact on the pay award on December pay (+£3m). Month 9 records 13,249 wte employed staff (M8=13,218).



Variable pay

Variable pay (Agency, Bank and Locum) was £6.1m in December compared with £6.4m in November. The decrease shown in variable pay was mainly attributable to the 2024/25 pay award actioned in month 8 for Bank staff (-£0.7m), offset with an increase in Registered Nurse agency and Healthcare support workers (£0.3m).

The main reasons for nurse bank spend is to cover vacancies, maternity and sickness, along with additional capacity and enhanced care. The monthly average variable pay to December is £6.2m per month (£7.75m 2023/24, £9.2m 2022/23).



Bank staff

<p>The bar chart shows monthly bank spend fluctuating between approximately 2,000K and 4,500K.</p>	<p>In-month spend of £3.3m, a £0.7m decrease compared with November mainly attributable to the 2024/25 pay award actioned in November (2023/24 average monthly spend £3.9m).</p> <ul style="list-style-type: none"> ○ Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.4m ○ Facilities bank staff - £0.2m ○ Community Hospitals/localities - £0.4m ○ Mental Health shifts particularly linked to enhanced care / observation - £0.5m ○ Continued expenditure in Surgery and Clinical Support Services linked to elective activity - £0.5m ○ Family & Therapies (Maternity leave cover, Neonatal and Paediatrics) - £0.2m
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Agency

Total agency spend in December was £2.5m compared with £2.1m in November. A significant part of this increase was seen within Mental Health and Urgent Care with increased levels of Registered Nurse Agency.

<p>The line chart shows monthly expenditure fluctuating between approximately 0.5M and 1.5M.</p>	<ul style="list-style-type: none"> • In-month spend of £0.9m, a decrease of £0.1m compared with November (2023/24 average monthly spend of c.£1.2m). Pressures continue at a similar level to the prior period: <ul style="list-style-type: none"> ○ On-going expenditure in Mental Health for vacancies (although slight reduction in December), Frailty and Community Hospitals - c.£0.1m ○ Continued pressures in Medicine wards and Urgent Care to cover operational pressures - c.£0.5m ○ Trauma & Orthopaedics costs for junior rota (vacancies), Ophthalmology vacancy cover and ENT c.£0.3m
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	<ul style="list-style-type: none"> • In-month spend of £1.3m, an increase of £0.3m compared to November (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: <ul style="list-style-type: none"> ○ Vacancy, sickness and maternity cover ○ Additional service demand ○ Enhanced care (where HCSW not available) • On-going costs in GUH Emergency Department and Medicine wards (total c.£0.7m) linked to enhanced care, sickness pressures as well as vacancy cover. • Mental Health and Primary Care agency costs of c.£0.4m mainly linked to enhanced care cover.
	<ul style="list-style-type: none"> • In-month spend of £0.3m on Estates & Ancillary agency, an increase of £0.1m compared with November. • 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.
	<ul style="list-style-type: none"> • In month spend of £0.1m on HCSW agency, an increase compared 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 £64k ○ Family & Therapies (CAMHS) £25k ○ PCCS (Community hospitals) £31k

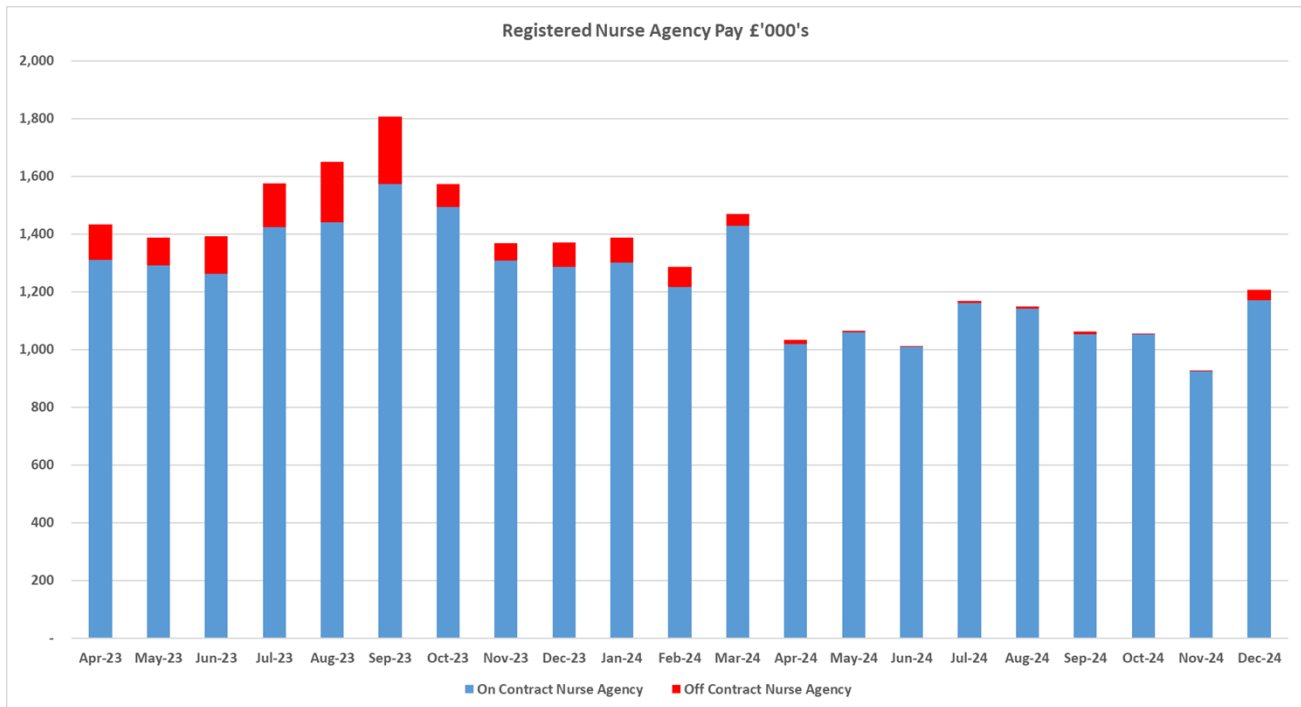
Registered Nurse Agency

Health Board spend on RN Agency in December 2024 is £1.2m, an increase of £0.3m compared to November. If spend continues at the average of 2024/25 levels throughout the financial year then spend on RN agency would be c.£13m.

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.

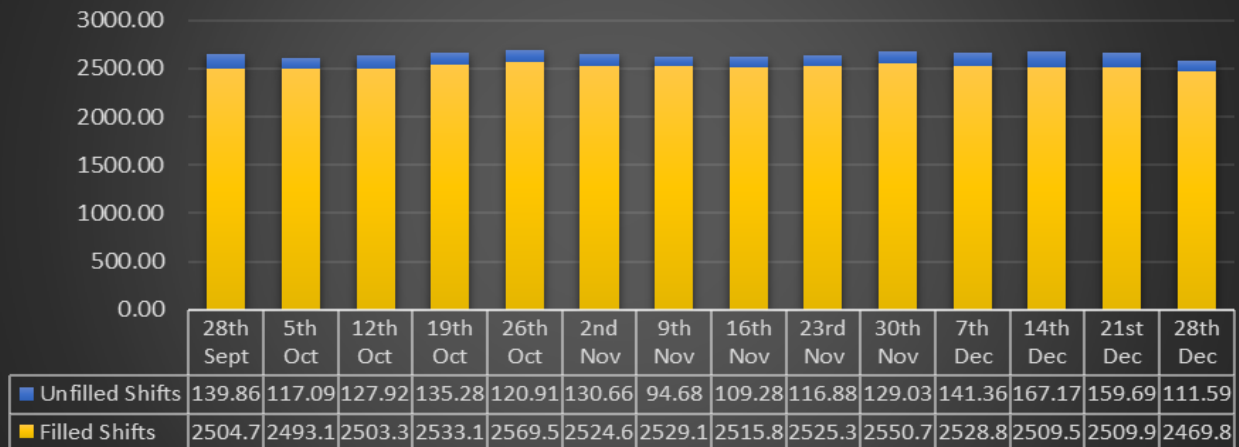
Use of off-contract has increased during December (£36k) across a number of Divisions and reflects the on-going vacancy cover as well as usage for other operational pressures within Mental Health (£14k), Primary Care (£11k) and Medicine (£3k) for Enhanced care, sickness and vacancies. Off-contract Registered Nursing agency costs have been at minimal levels during 2024/25 (£2k in November, £4k in October) which is a significant improvement compared to previous financial years.



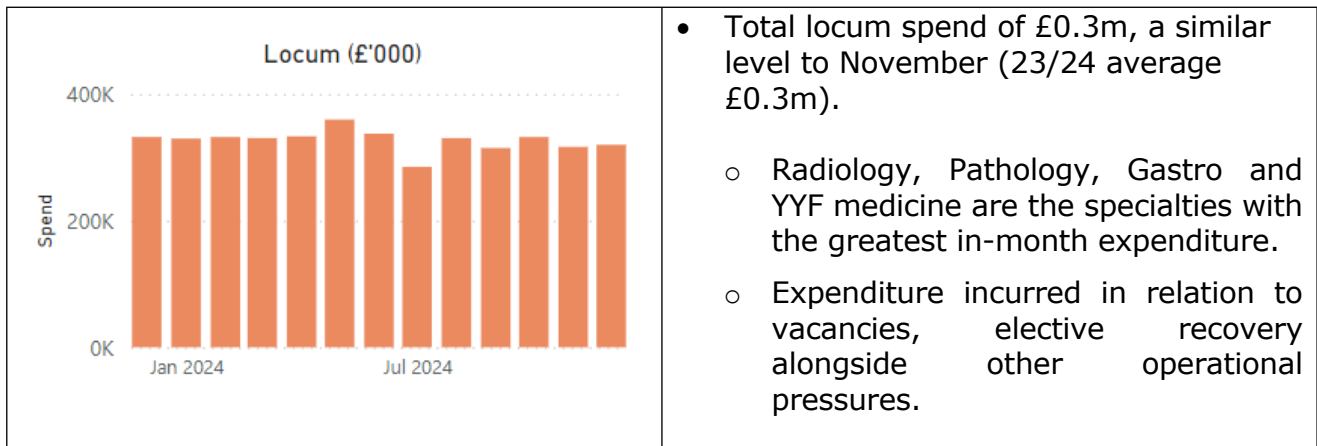
Implications of Nursing Shift 'Fill Rate'

There are high levels of unfilled shifts within the Health Board. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In December there were approximately 143 unfilled registered nursing shifts and 518 unfilled HCSW shifts. 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 overall filled and unfilled shifts over the last 3 months.

Filled and Unfilled Shifts - WTE



Medical locum staff



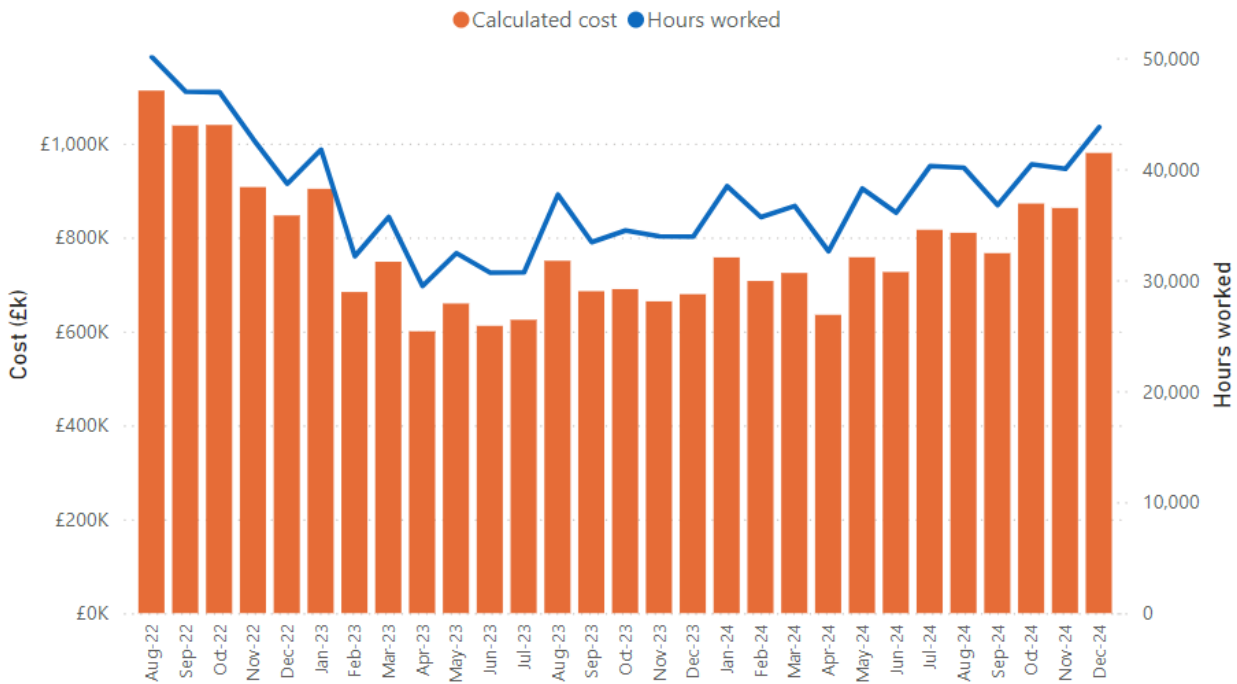
Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to 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 and Mental Health levels of observation for the period December 2022 to December 2024 (£1.0m 'notional calculated' expenditure in December) using bank and agency registered nurses and health care support workers.

Enhanced Care (inc. MH levels of observation) bank and agency calculated costs and hours booked.

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.

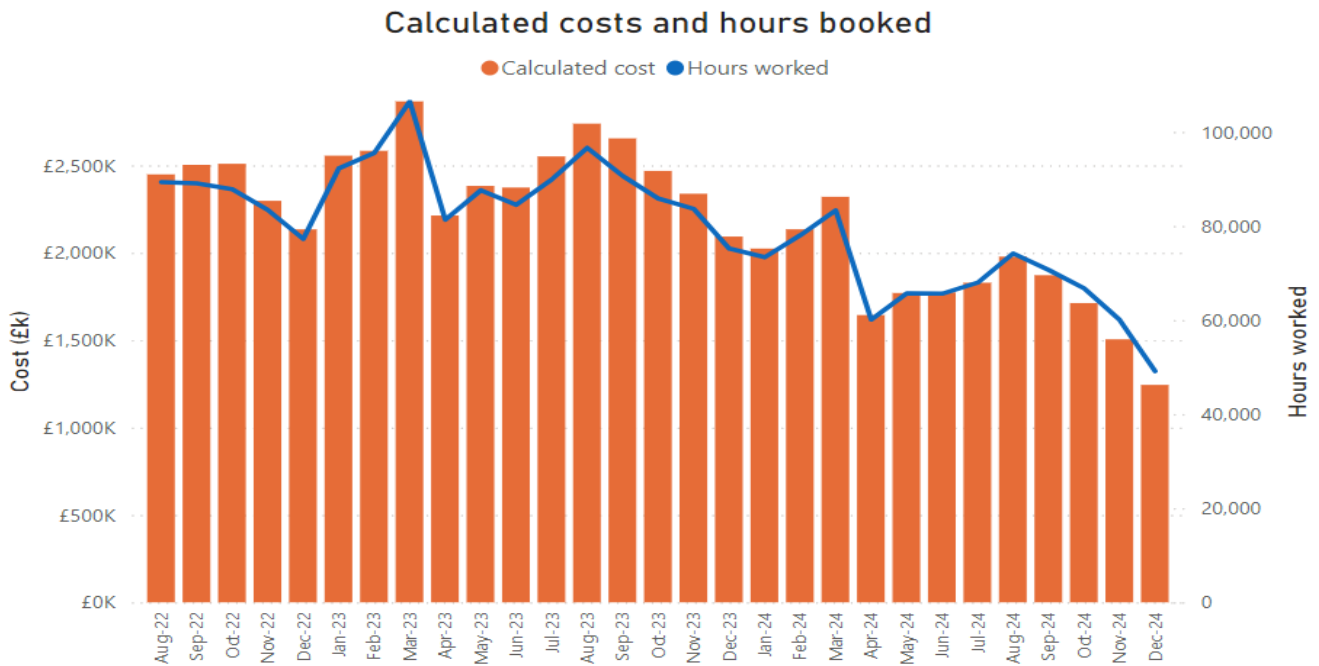
	2023/24 average	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
RGH										
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	34	28	26	21	21	26	25	25	24	18
%age of beds in receipt of enh care	18%	15%	14%	11%	11%	14%	13%	13%	13%	9%
NHH										
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164
monthly average enh care patients	22	23	16	18	21	26	30	29	25	19
%age of beds in receipt of enh care	13%	14%	10%	11%	13%	16%	18%	18%	15%	12%
GUH										
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91
monthly average enh care patients	12	13	15	12	11	13	12	12	15	12
%age of beds in receipt of enh care	13%	14%	16%	14%	13%	14%	13%	13%	16%	13%
YYF										
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148
monthly average enh care patients	24	27	22	24	26	25	24	22	18	17
%age of beds in receipt of enh care	16%	18%	15%	16%	18%	17%	16%	15%	12%	11%
Total										
Total no of beds	595	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	92	91	79	75	80	90	91	88	82	66
	15%	15%	13%	13%	13%	15%	15%	15%	14%	11%

A review of enhanced care was presented to the Value & Sustainability Board in July. This presents a valuable opportunity to avoid costs and improve patient experience. Work is being led by the Nurse Director as a quality and savings initiative.

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 December 2024 variable pay relating to vacancies is c.£1.2m ('notional calculated' expenditure).

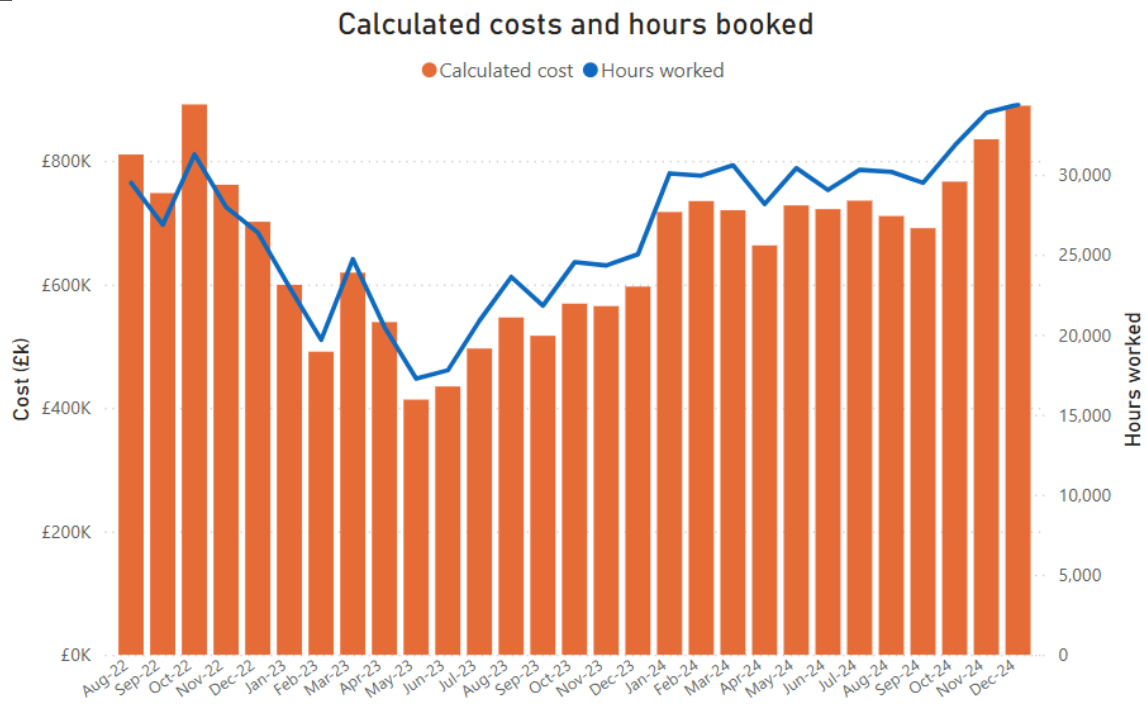
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



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 December 2024 variable pay relating to sickness is c.£0.9m ('notional calculated' expenditure).

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

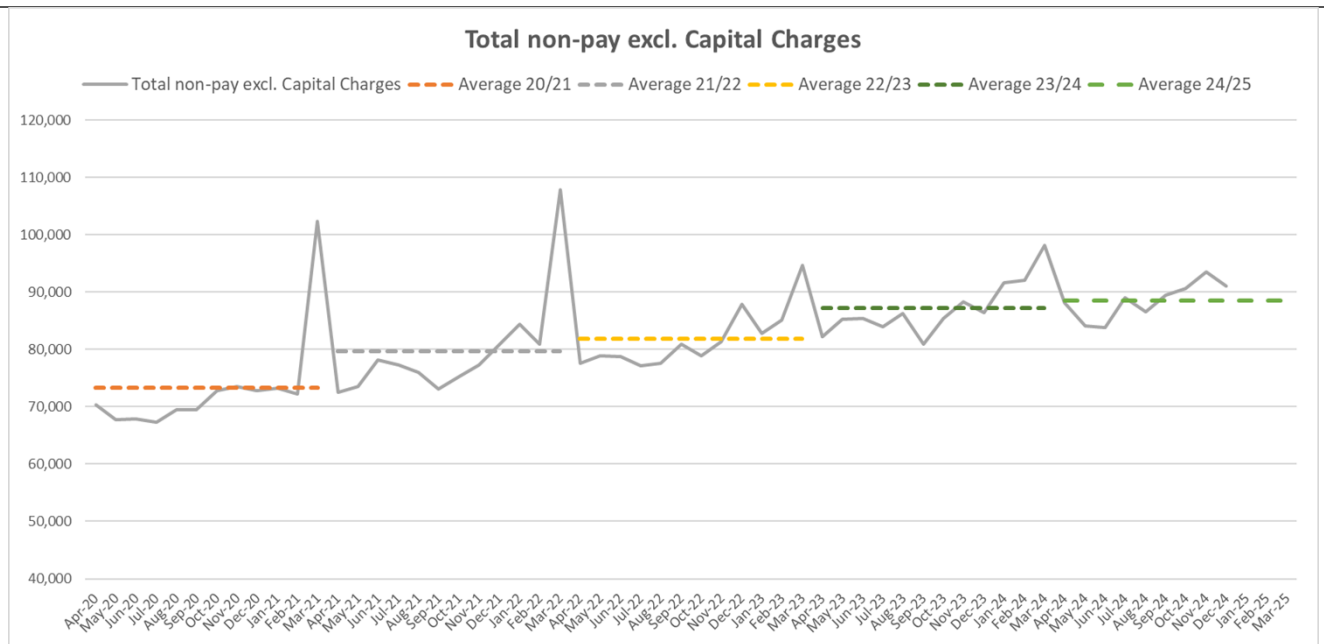


Non-Pay

Spend (excluding capital) was £91.0m in December, which is a reduction of £2.5m compared with November spend (£93.5m). The reduction is due to in-month items listed below:

- Pharmacy contract funding received (and payments made) in November following receipt of additional framework funding (£1.2m).
- Funded WHSSC expenditure for Vertex Q2 (£1.4m), plus WAST *Ambulance Radio Replacement Programme (ARRP)* and *Control Room Solutions* funding (£0.2m) funding received in November.
- Other movements including reductions in prescribing (£0.2m) and direct delivery vaccines (£0.6m), offset with increase in pooled budgets (£0.75m) and FP10s (£0.4m).

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 cost pressure with a forecast annual growth of £0.2m compared with 2023/24 expenditure. The last energy forecast was received in June but an internal review has led to a further reduction in the forecast at month 9 (£0.3m). 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	17,374	18,961
Total Other Energy costs	571	777	396	447
Total	22,183	17,611	17,770	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 the budget relating to the reduced energy forecast (£1.66m) has been taken from the Estates & Facilities Division and returned to reserves to support the health board forecast.

CHC

- CHC Mental Health – the patient numbers at the end of December were 428 at a cost of £4.6m (November: 428 patients at a cost of £4.7m).
- CHC Adult / Complex Care - 525 total active placements on 31st December at a cost of £4.9m in-month (November: 553 placements at a cost of £5.0m).

There was an increase in the number of D2A patients of 1 and a decrease of 4 in the number of 'Step Closer to Home' (SCTH) patients in December.

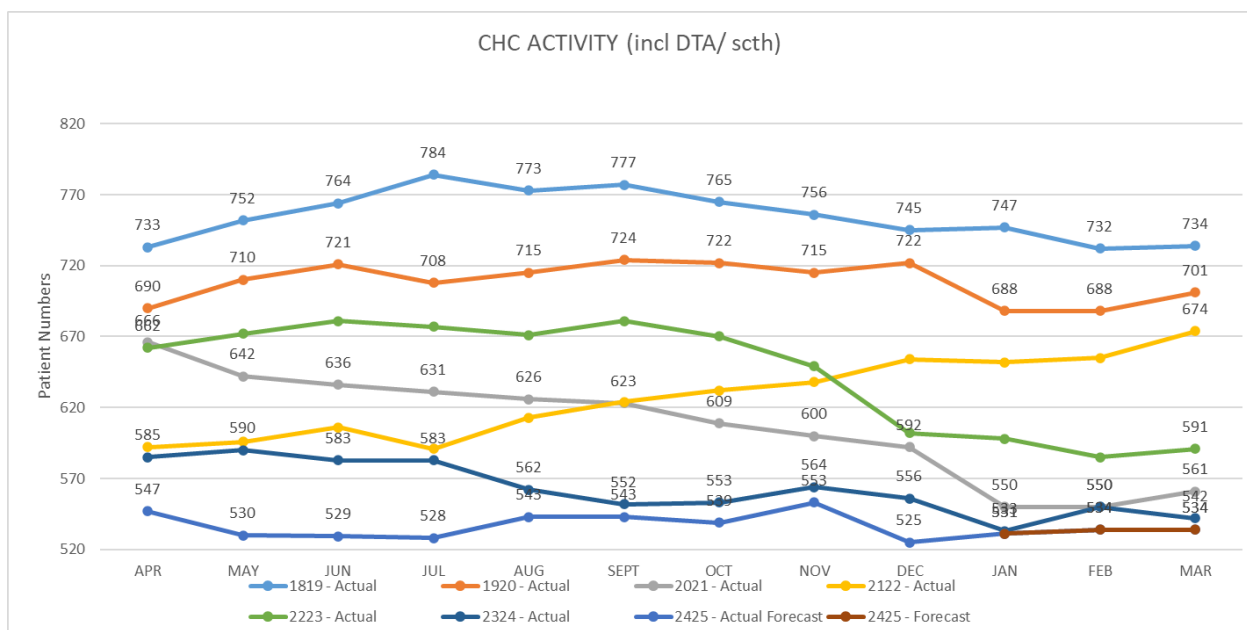
- A reduced number of patients on the step closer to home pathway is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c.49 patients on the pathway, there are 7 in December. Utilisation is being reviewed.
- Newport Local Authority have negotiated and agreed uplifts to their nursing rates for 2024/25 (8.5% as opposed to the annual plan assumption uplift of 7.7%) which will impact the rate the Health Board pays. Care at Home staffing forecasts have decreased but continue to present a forecast financial pressure.
- The table below summarises the current position (patient numbers and costs):

Activity	December 2024	November 2024	Movement
D2A	19	18	+1
Step Closer to Home	7	11	-4
All Other CHC	499	524	-25
Total	525	553	-28

Activity	2024/25 forecast as at M9 £'000	2024/25 forecast as at M8 £'000	2023/24 out-turn position £'000
D2A	1,584	1,611	2,093
Step closer to home	257	257	407
All other CHC	41,702	41,511	41,053
Total	43,543	43,379	43,553

- FNC - currently 1,075 active placements, which is a reduction of 6 compared with November (expenditure of £1m in both November and December).

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



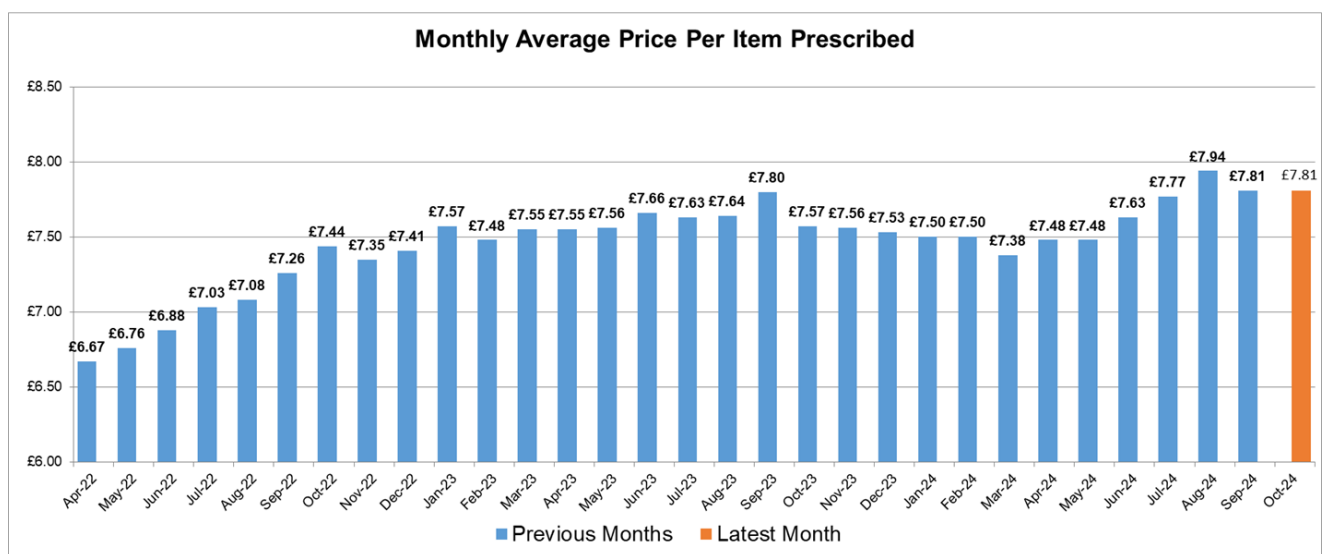
- CHC Paediatric – currently 26 Out of County patients, cost for December of c.£0.2m, a similar level compared with November. Forecast 24/25 spend is currently £0.8m which is unchanged from November. 2023/24 total cost was £4.1m, this was higher in comparison due to a number of high value backdated cases in 23/24 and a successful dispute resolution in 24/25. In addition, there are 13 internal packages (13 patients) provided during December compared with 12 packages (12 patients) in November.

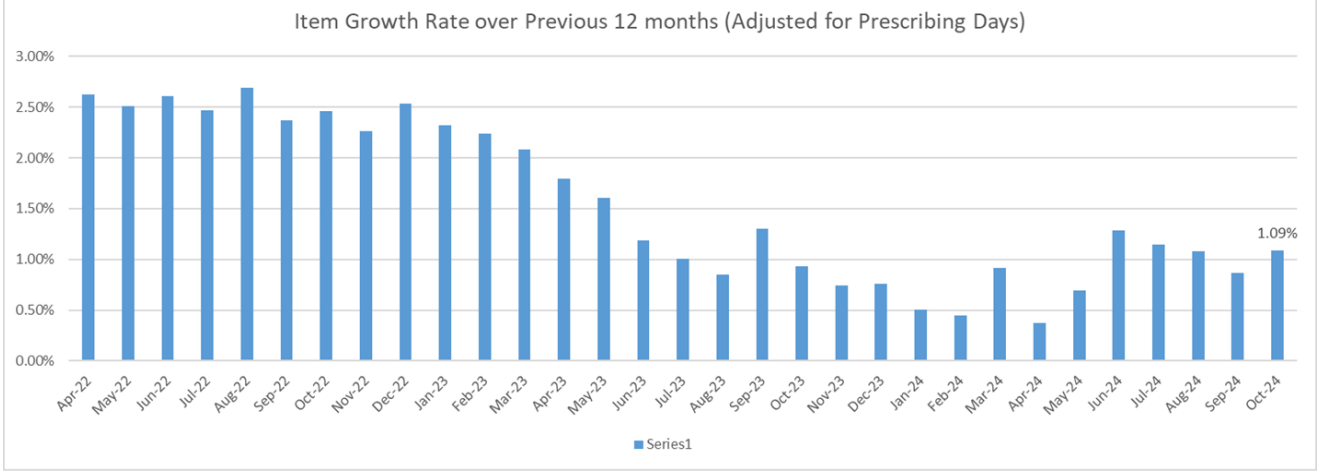
There are 9 external and 5 internal high cost packages which continue to be a cost pressure (>£100k per annum expenditure each).

Prescribing

- Primary Care prescribing – December 2024 expenditure is £10.5m, with a full year forecast cost of £122.3m, the annual plan forecast was £116.9m spend (2023/24 cost was £121.9m). The December 2024 costs are based on October PAR data:
 - Annual Plan item growth rate for 2024/25 was 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.15.9m)
 - The growth rate for the 12 months to October PAR 2024 is 0.86%, adjusted for the number of prescribing days.
 - Forecast average cost per item for 2024/25 is £7.66 (November £7.71), a reduction due to Cat M drug tariff changes from January 25, and the in-month impact of the reduction in average item price from the October PAR. The annual plan estimated £7.29 cost per item.
 - Average actual cost per item for 2022/23 was £7.21.
 - Average actual cost per item for 2023/24 was £7.57.

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





Scheduled Care treatments and outpatients

Elective Treatments for December '24 is 1,884 (November '24: 2,151).

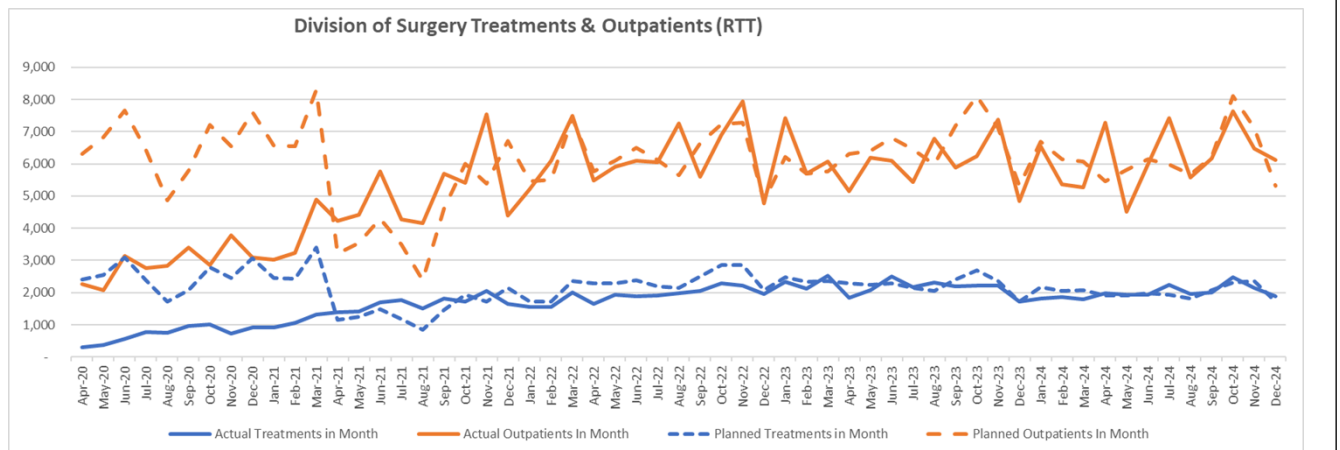
Elective Activity in December has reduced by 267 treatments compared with November (12%). The number of in month treatments are 171 above plan for December including 57 'backfill' and 82 WLI treatments. Increased activity to reduce Tier 1 waiting list targets remains a priority.

Outpatient activity for December '24 is 6,132 (November '24 was 6,475).

Outpatient activity has decreased by 343. Activity remains greater than previous years and includes backfill (157), WLI (138) and other activity (343) outside of core in order to reduce waiting list pressures for 104 week waits.

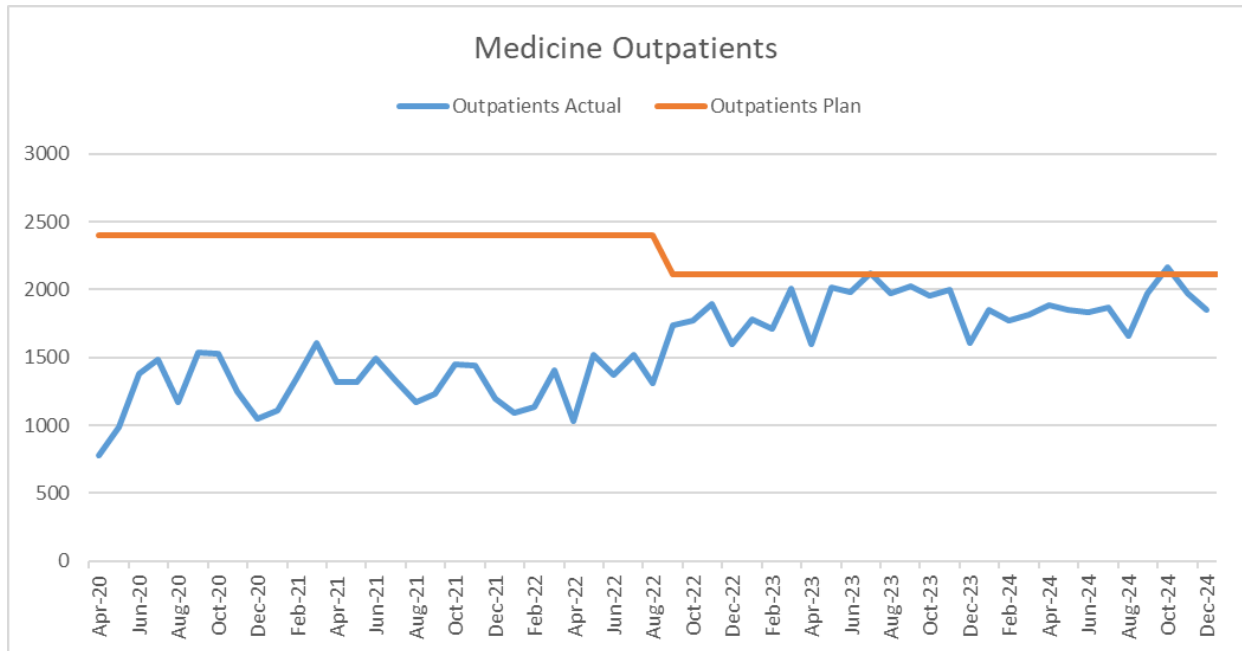
There were WLIs in-month for cancer treatments and elective work to improve the 104 week position for Trauma and Orthopaedics (106 outpatients), Max Fax (19 outpatients) and Urology (13 outpatients).

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

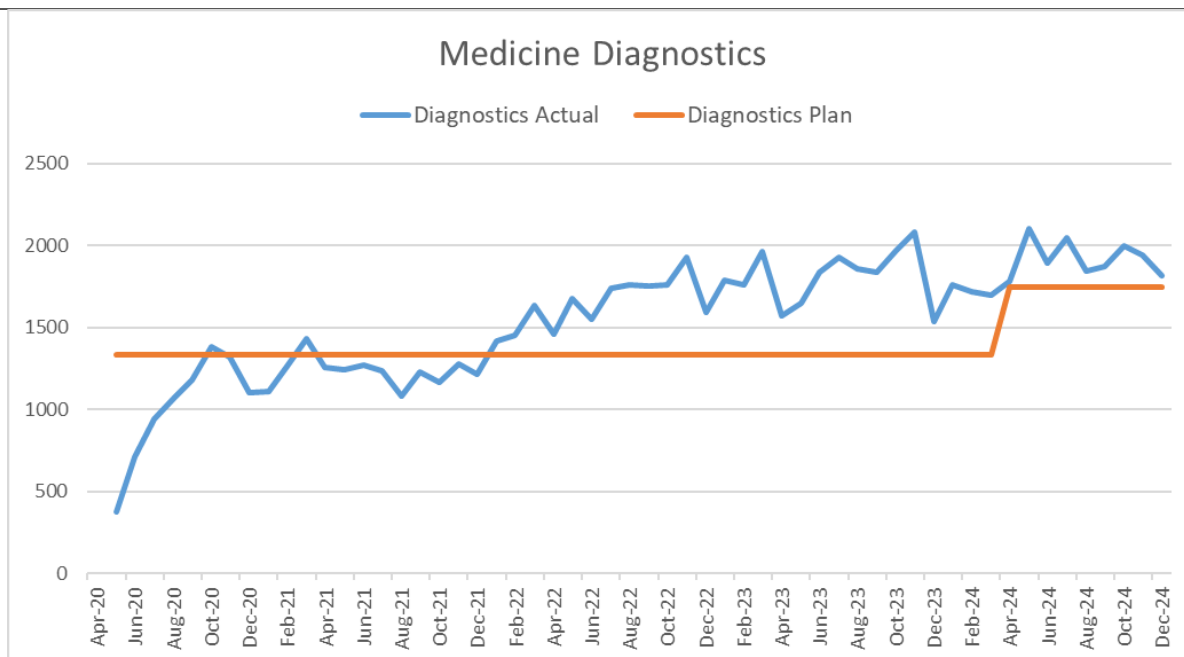
Medicine Outpatient activity for December '24 was 1,854 attendances, which was 262 below plan (November '24 was 1,974 attendances). The activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for December '24 was 1,818 procedures which is 69 cases more than the updated 2024/25 plan (November '24 activity was 1,944).

The activity undertaken since April '20 is shown below.



Divisional Forecast 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. All budget holders are required to achieve a break-even position however a number of forecasts highlight key operational pressures and non-delivery of savings and COO budgetary stretch targets.

Summary Reported position - December 2024 (M09)	Full Year Budget £000s	Full-year Forecast at M09 £000s	Full-year Forecast at M08 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	303,992	(482)	(518)	35
Prescribing	117,139	5,192	5,849	(657)
Community CHC & FNC	69,882	577	596	(19)
Mental Health & Learning Disabilities	146,132	(952)	81	(1,033)
Surgery	148,307	8,284	7,327	957
Clinical Support Services	133,428	1,560	1,350	210
Medicine	171,751	4,467	3,664	804
Urgent Care	41,828	267	179	88
Family & Therapies	143,165	2,551	2,253	298
Estates and Facilities	95,287	(1,094)	(483)	(611)

Key forecast movement issues include:-

- **Primary Care and Community** – Reduction of GDS / PCR income (£0.083m) and removal of 111 slippage receipt (£0.215m) reducing the

savings, offset by frailty underspend (-£0.150m) and maximisation of grant funding (-£0.176m).

- **Prescribing** – Prescribing – improvement for Cat M / Non-Cat M price changes from jan25 (-£0.375m) and an average price per item decrease from £7.71 to £7.66 (-£0.533m).
- **Mental Health & LD** – resolution of disputed case, refund of costs to be received (£1.033m).
- **Surgery** – Additional nursing costs enhanced care (£0.320m), forecast increase to reflect run rate spend year to date (£1m), Medical staff (£0.06m) partly offset by funding for RTT additional activity (-£0.613m).
- **Clinical Support services** – Winter costs for Point of care covid / flu – testing to the end of march (£0.429m) offset with funding received for November additional activity (-£0.133m) and pathology blood and lab consumables (-£0.054m).
- **Medicine** – Increase in FP10's (£0.150m), reduced achievement of gastro drug switch saving (£0.155m), 2 additional locums appointed from mid January for 3 months due to site pressures (£0.150m) and use of RN and RMN agency to cover enhanced care shifts and covering HCSW gaps (£0.300m).
- **Urgent Care** – increase in Medical variable pay usage including sickness cover, recruitment fees and operational pressures (£0.057m) and ED consultant recruitment ahead of planned schedule (£0.026m).
- **Family & Therapies** – Maternity (£0.171m) due to sickness (7%) maternity leave (12 WTE's) and high c section rates (46%), Paediatrics (£0.122m) due to consultant sickness.
- **Estates and Facilities** – review of usage has resulted in a reduction in the energy forecast (-£0.335m), increased income from Costa outlets on RGH and GUH (-£0.160m) and soft FM increased levels of vacancies from 20 wte in month 8 to 48 wte in month 9 (-£0.126m).

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 £7.356m.

To note the forecast is underpinned by the following:

- COO £1.1m budget surplus
- Corporate Budget performance
- Budget reserves release, and
- All anticipated Welsh Government Funding

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, Welsh Government have confirmed any underspend on this funding can be retained by the health Board in 2024/25.

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 the 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 £1.299m is being held in the reserve '*Innovation and Development fund*' for approval by the CEO and Board as required for in year priorities.

A summary of all Health Board reserves on 31st December can be found in the appendices.

Long Term Agreements (LTA's)

LTAs have been agreed with all provider and commissioners except for CTMUHB. This is currently being taken forward by the Chief Executives and Directors of Finance from each organisation.

From month 5 Aneurin Bevan is reflecting an element of in year underperformance against the contracted activity (£1.4m) and this has been shown as a difference in the Income / Expenditure assumptions in table D between Aneurin Bevan and CTM.

ABUHB has recognised the JCC current end of year forecast deficit risk share of £0.897m, however there are risks reported, on an overall basis, above this that have not yet been recognised. Including:

- Savings achievement – overall plans to be found for £3m. At present we are not aware of any plans to address this gap with the shortfall being offset by slippage on developments/non recurrent balance sheet releases.
- NHS England uplift income anticipated by JCC – This equates to £0.645m for AB and has been included in risks on the advice of the JCC in month 9.
- WAST - Risk for Technician re-bandings, assumed funding by WAST or by WG
- Any over-performance as a result of meeting the Ministers KPI's – i.e. Plastics

JCC are working on options to a breakeven plan, 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.

Underlying Financial Position (ULP)

The underlying (U/L) forecast position brought forward into 2024/25 was a deficit of £81.4m, and the carry forward underlying deficit for 2025/26 was estimated as £55m. This has now been revised to a deficit of £14.5m following notification from Welsh Government of additional recurrent (baseline and conditional) funding of £40.5m.

The underlying deficit was updated to £55m in month 4, and following the additional funding notified in November, the revised analysis of the carried-forward underlying deficit is as follows:-

Forecast 2024/25 deficit at month 4	£48.9m
Non-recurrent savings	£6.1m
Underlying deficit reported at month 4	£55.0m
Additional WG funding received in month 8	(£40.5m)
Underlying deficit reported at month 9	£14.5m

The underlying deficit will be subject to review to consider further changes in year, such as non-recurrent savings and full year impacts of savings & spend.

Financial sustainability is an on-going priority and focus for the Health Board and a 3-year recovery delivery plan is being developed following the agreed route map to sustainability as part of the 2025/26 IMTP process.

The assessment indicated the cost drivers included in the table below as underpinning the c/f underlying position;

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 were expected to break-even whilst the annual plan deficit of £48.9m is shown as a pressure within reserves.

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	Central £m	Total £m
WG 2023/24 non-recurrent funding utilised to support workforce cost growth			3.0	3.0	5.5	1.0	1.5				14.0
Medical staffing cost increases due to operational acuity including ED safer staffing				1.0	1.5	3.0	1.0				6.5
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and Urgent Care			2.5		2.5	1.0	1.0				7.0
CHC		1.5	3.5				1.0				6.0
Medicines management (prescribing and acute drug costs)	7.0			2.0	2.0						11.0
Covid legacy (estates & facilities)								3.0			3.0
WHSSC / EASC (service growth in excess of funded levels)									5.0		5.0
Cancer additional activity delivery through WLI and additional diagnostics				2.5							2.5
Additional funding notified from WG in November										(40.5)	(40.5)
Total	7.0	1.5	9.0	8.5	11.5	5.0	4.5	3.0	5.0	(40.5)	14.5

It is important to note that although the 2023/24 mid-year support allocation funding of £64.5m (£28.9 underlying deficit + £35.6m inflationary uplift) is recurrent in the Health Board's 2025/26 allocation letter, it is **conditional** on making progress towards achievement of the WG target control total. The control total for the Health Board has been revised to £7.356m (previously £13m) following notification of the additional £40.5m of funding, however the conditional nature of the £64.5m remains a Health Board assumption until Welsh Government confirm otherwise. 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.

As at month 9, forecast savings are £44.2m which supports achievement of the revised forecast of £7.356m. Mitigating actions would be required for additional operational pressures, for non-delivery of forecast savings or to improve the position and deliver further underlying improvement.

The level of forecast savings for 2024/25 are above plan but have shifted profile from expected recurrent levels of £4m to £12.6m, this will adversely impact the underlying position for 2025/26.

The month 9 savings forecast includes several Divisional schemes which are assumed not to deliver against their initial plan, these are included in the Appendix but include the following:-

- Administrative & Clerical savings – several divisions
- CHC contract price reductions – removed following legal advice.
- CHC hospital admissions / Premium contract cost reduction – removed following legal advice.
- Bed day and Theatre efficiencies (Surgery) – these are expected to be delivered and will need to be revisited.
- Intersite transport (COO) – contract value likely to be higher than forecast due to additional vehicle usage.
- Bed reconfiguration and efficiency schemes – Medicine and Community Hospitals. - these are expected to be delivered and will need to be revisited.
- 111 funding redistribution – PCCS (estimate)
- Theatre efficiencies - Clinical Support Services - these are expected to be delivered and will need to be revisited.
- Other schemes including bed contract and CHC savings

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

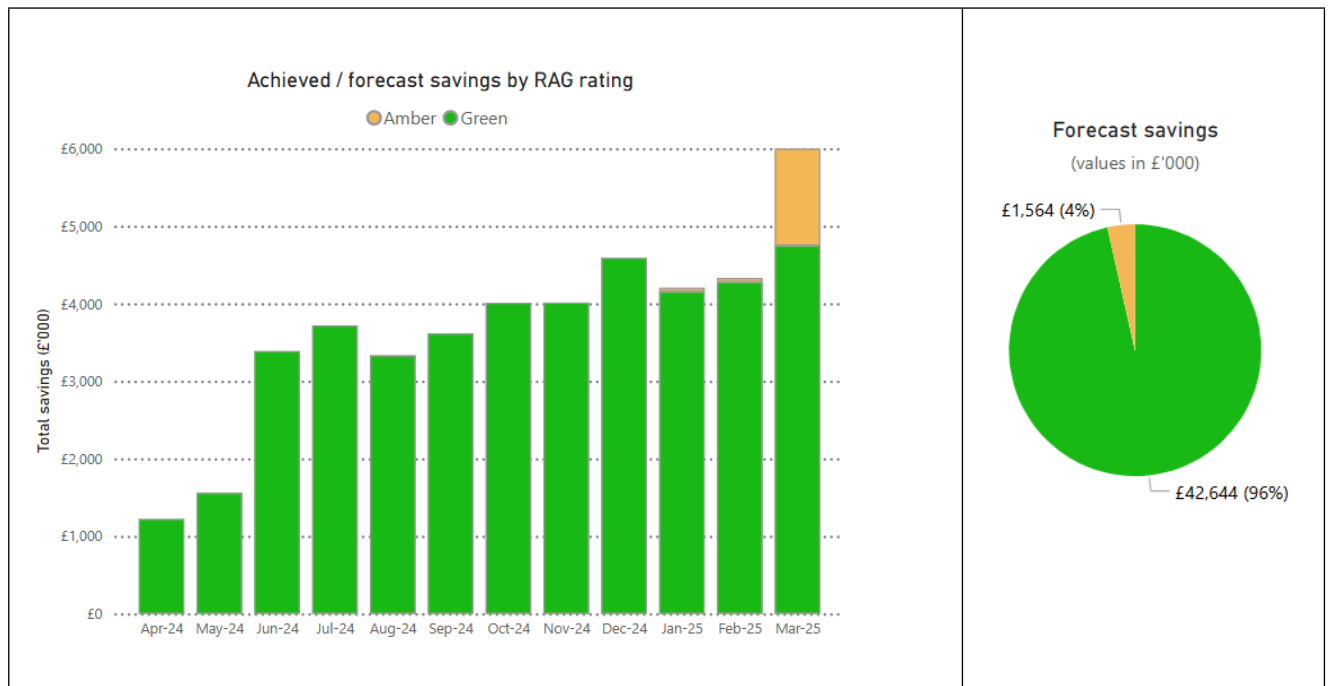
- CHC package reviews
- Non-pay and litigation cost reductions
- Income / funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments, including enhanced care
- Further medicines management schemes
- Service redesign and theatre efficiency
- Revise Bed rationalisation plans

- Prescribing cost avoidance, off-patent and related reviews
- National V&SB opportunities
- RPB funding to cover reduced bed rationalisation plans due to winter pressures

Actual savings delivered to date for 2024/25 are £29.5m.

The table below presents the updated savings plan at a Budget holder 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	£554	£945	£391	£1,261	£414	149.0%
Complex Care	9.0%	£3,633	£2,192	£2,265	£73	£2,903	-£731	79.9%
Contracting and Commissioning	1.7%	£706	£496	£1,733	£1,238	£2,356	£1,650	333.7%
Corporate	17.7%	£7,164	£4,987	£4,495	-£492	£6,468	-£696	90.3%
Estates and Facilities	6.5%	£2,640	£1,788	£2,998	£1,210	£4,166	£1,526	157.8%
Families and Therapies	2.1%	£857	£596	£546	-£50	£923	£66	107.7%
Medicine	6.9%	£2,801	£1,838	£2,258	£420	£3,821	£1,020	136.4%
Mental Health and Learning Disabilities	14.6%	£5,906	£3,780	£2,850	-£930	£6,009	£103	101.7%
Primary Care and Community	28.1%	£11,385	£7,838	£8,286	£448	£12,182	£796	107.0%
Surgery	4.6%	£1,855	£1,199	£962	-£237	£1,273	-£583	68.6%
Urgent Care	0.2%	£81	£58	£143	£86	£214	£133	263.5%
WHSSC	6.5%	£2,633	£1,930	£1,975	£44	£2,633	-£0	100.0%
Total	100.0%	£40,508	£27,257	£29,457	£2,200	£44,208	£3,699	109.1%



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	£5,185	£4,310	-£876	£8,443	£7,745	-£698
Medicines Management	16	£2,373	£3,105	£732	£3,518	£5,399	£1,882
Procurement & Non-pay	110	£10,586	£13,345	£2,759	£15,115	£18,484	£3,369
Service Redesign	8	£2,097	£1,034	-£1,063	£3,624	£1,848	-£1,777
Workforce	62	£7,016	£7,664	£648	£9,808	£10,731	£923
Total	210	£27,257	£29,457	£2,200	£40,508	£44,208	£3,700

WG Category	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	7,745	2,473	5,272	5,278
Commissioned Services	4,839	0	4,839	4,839
Medicines Management	5,398	1,518	3,880	5,279
Pay	11,433	1,553	9,879	11,662
Non Pay	14,792	7,111	7,681	8,786
Total	44,208	12,655	31,552	35,844

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 Health Board continues to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

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

Risks

The Health Board is looking for options to 'de-risk' the forecast but risks remain.

- Continuing Healthcare fee uplifts - £0.6m
- Prescribing average price per item (and number of items) growth above September PAR data and associated forecast and horizon scanning for NICE implementations - £1.3m
- JCC Performance – Risk associated with JCC achievement of savings target has been removed, whilst are unlikely to make the savings required they are offsetting this pressure with slippage in other areas. However, a new risk has

emerged this month relating to English Tariff funding that JCC had previously assumed would be funded by WG - £0.645m

- Additional operational and service pressures outside of the annual plan. This includes costs for acute NICE drugs, Diabetes, CAMHS, Winter and the infected blood inquiry. This figure has increased this month to recognise the significant operational an site pressures currently being experienced - £3m
- Delivery of savings plans including mitigating actions against operational pressures – c.£0.8m
- Delivery of 6 goals target with resultant income clawback risk - £1.4m
- Risks of non-receipt (or full receipt) of anticipated income in particular funding for Optometry and the balance of the International Nurse recruitment - £1.5m
- Wage award funding for Bank staff - £0.5m

In addition, there are a number of further challenges to the financial forecast for 2024/25, these are not included in the risk table as they 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 to secure full retention,
- 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,
- 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

Opportunities

The following items are opportunities pending further analysis and delivery via the Value & Sustainability Board and relevant Divisions / Departments. These opportunities are not quantifiable at this time and it is envisaged that should any of these materialise they will be needed to manage the operational risks being experienced by sites across the Health Board currently, for this reason it is likely that these opportunities will not improve the financial delivery beyond the control target.

- Variable pay reduction linked to Administration & Clerical and Enhanced Care service reviews
- Service re-design – bed reductions
- Theatre efficiency and cost reduction work,
- 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.

It is expected that any opportunities that materialise will be needed to manage operational pressures and site issues that arise in the remainder of the year.

Capital

The approved Capital Resource Limit (CRL) as at Month 9 totalled £66.504m, including disposal proceeds of £0.035m. The forecast outturn at Month 9 is breakeven.

The Health Board confirmed the CRL requirements for all All-Wales Capital Programme (AWCP) schemes at the end of October. Any slippage past this date is required to be being managed by the Health Board through brokerage with the Discretionary Capital Programme (DCP). A brokerage request totalling £1.170m has been submitted to Welsh Government (WG) to manage slippage against AWCP schemes (details included in individual scheme narrative). The brokerage slippage will be offset with the DCP by accelerating forward urgent discretionary schemes that would otherwise be funded in 2025/26.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is anticipated to complete in January 2025. Additional funding totalling £2.558m was received in December in relation to costs for inflation allowances on works and fees, EV charging, foundation changes and the brickwork supply delay. The additional funding has offset the previously reported overspend and replenished the contingency allocation to cover remaining compensation events that are yet to be agreed. The £0.100m underspend reflected at Month 9 relates to the reimbursement to the DCP for the overspend funded during 2023/24.

Slippage of £1.491m was approved in October for the works at NHH Satellite Radiotherapy Centre due to delays in relation to asbestos. The handover of the building is now expected to be delayed until April 2025. The overall scheme is forecast to be £0.226m under budget largely because of additional VAT recovery.

Construction of 19 Hills Health and Well-being Centre (Newport East) is nearing completion. Phase 1 handover is forecast to be January 2025. The overall project budget remains under pressure due to additional asbestos, utilities and S111 road crossing works costs with a forecast overspend of £0.333m. The overspend is currently being funded by the DCP.

Brokerage of £0.269m has been requested for the RGH Blocks 1 & 2 Demolitions and Car Park scheme as the car park works are now anticipated to be undertaken in 2025/26.

The CAMHS Sanctuary Hub scheme is complete, and the building has been handed over to the Health Board. The Health Board has received approval to use the VAT recovery savings achieved to fund a disabled access ramp for the unit.

Slippage of £1.881m was approved in October in relation to the Grange Emergency Department Extension scheme due to reported delays. The anticipated completion of Phase 1 is now May 2025 with Phase 2 estimated to be August 2025. Expenditure is currently £1.4m behind the latest cashflow provided by the contractor, in part due to materials that were originally due to be paid for in December that are now expected to be delivered to site in January 2025. Brokerage may be required if the cashflow position does not improve in Month 10.

Brokerage of £0.901m has been requested in relation to the slippage against the Backlog Maintenance allocation due to delays associated with the St Cadoc's Duct and NHH/RGH Lift replacement schemes. This slippage will need to be brokered via the DCP.

The allocation for End of Year funding has been reduced by £2.5m in month as the 2nd MRI scheme for the Grange University hospital is not able to be achieved in this financial year. The funding has now been carried forward to 2025/26. An underspend of £0.225m has also been returned in relation to the X-ray room replacement at YYF which is expected to complete in January.

Works are due to commence shortly on the Centralised Decontamination Unit at RGH. The underspend of £0.139m against this scheme relates to the reimbursement to DCP for fees incurred in prior financial years.

The Health Board has received additional funding allocations in month in relation to Diagnostic and Medical Equipment (£1.921m) and digital Equipment (£2.147m).

The Health Board Discretionary Capital Programme (DCP) forecast for 2024/25 is £9.965m at Month 9 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 2024/25 AWCP scheme brokerage - £1.170m
- Less other 2024/25 AWCP Overspends - (£0.010m)
- Plus Disposal Proceeds - £0.035m

During the month, essential Works, Digital and Equipment schemes totalling £2.772m have been approved to use the funding reimbursed in Month 8 in relation to the Bevan H&WBC and RGH Centralised Decontamination schemes and the

brokerage required for AWCP scheme slippage. The remaining DCP contingency as at Month 9 is £1.324m. Further schemes are expected to be approved at the January Capital and Estates Board to utilise the remaining balance.

Cash

The cash balance at the 31st December £4.5145m, which is below 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 December (98.5%) and for the year to date (97.8%). 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 has not achieved the target to pay 95% of the number of NHS creditors within 30 days of delivery of goods, in December 88.2% was achieved, which is a decline compared with November (93.3%). The main issue with NHS invoices is the majority of invoices are received with no purchase orders, which means retrospective PO's need to be raised which leads to delays in processing the invoices. For example in December 30 invoices were received from Velindre which lacked essential information to enable their authorisation and payment.

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 and a letter will be sent to NHS counterparts which re-iterates the policy that applies to NHS Wales organisations.

For context no Health Board is meeting the NHS payment target and aside for Powys, ABUHB has the highest cumulative performance.

Category	Invoices	In Mth %	YTD %
NHS	Value	98.5	97.6
	Number	88.2	90.9
Non NHS	Value	97.6	96.4
	Number	98.5	97.8

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of December 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 December 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

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:**

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>ABUHB efficiency compendium</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>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 DTCO – 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</p>

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

PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre
 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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
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 9 the savings position is reported as £44.2m (green and amber), £3.7m above target levels. However recurrent savings have moved from £4m expected to £12m now being reported – an adverse position of £8m going into 2025/26.

The table below 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	£5,185	£4,310	-£876	£8,443	£7,745	-£698
Medicines Management	16	£2,373	£3,105	£732	£3,518	£5,399	£1,882
Procurement & Non-pay	110	£10,586	£13,345	£2,759	£15,115	£18,484	£3,369
Service Redesign	8	£2,097	£1,034	-£1,063	£3,624	£1,848	-£1,777
Workforce	62	£7,016	£7,664	£648	£9,808	£10,731	£923
Total	210	£27,257	£29,457	£2,200	£40,508	£44,208	£3,700

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 October 2024.

Asesiad / Assessment

Medicines Management V&S update February 2025

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

Medicines Management Programme Board Actions

A written update was provided by the Clinical Director of Pharmacy on the National Priorities to the December Medicines Management Programme Board. This highlight report includes an update on the respective priorities of work and information where schemes have progressed since the last update.

Biosimilars & Generics

Schemes to switch to lowest acquisition cost biosimilars and generic products in Secondary Care have been progressed in line with national guidance. Savings from all nationally identified schemes are contributing to the Health Board financial position now that the Teriflunomide and Fingolimod (both Neurology) switches have commenced. The annual saving from the 2 Neurology switches mentioned is over £350k.

Ustekinumab Biosimilar

The Ustekinumab switch has been progressed and savings of £230k have been included in the 2024-25 financial position. A further drug saving of £630k will be delivered in 2025-26 but this will be partly offset by an investment back into the service of £322k which has been included in the Division of Medicine Annual Plan.

Primary Care Prescribing

The DOAC switch (Edoxaban to Rivaroxaban) has been progressed and savings of £207k have been included in the 2024-25 financial position. A further saving of £650k will be delivered in 2025-26.

Medicines Management Programme Board Divisional Updates

Following the distribution of key themes from the Divisional Therapeutic reviews, updates have been requested from the respective Divisions in terms of any progress, support required or barriers to progression and these will be regularly reviewed at future Medicines Management Programme Boards.

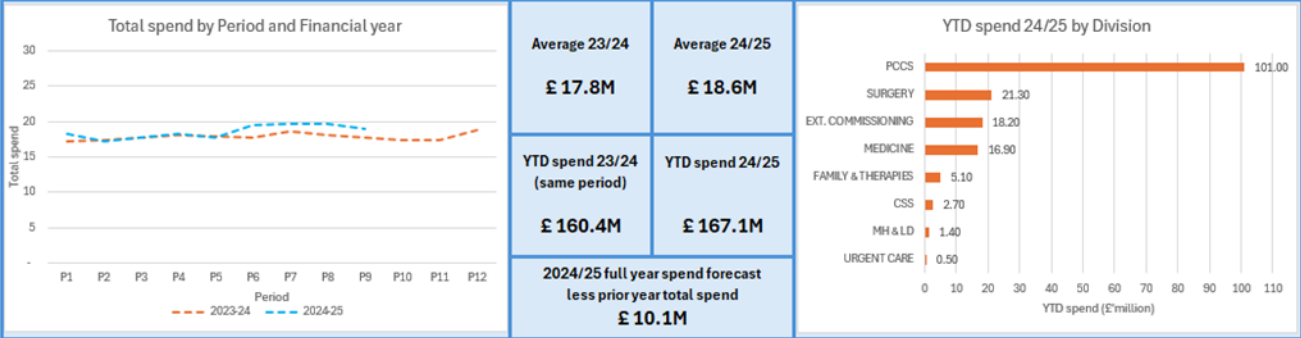
Medicines Management Programme Board Month 9 Finance Review

A detailed Finance update for Month 9 was prepared for the December Medicines Management Programme Board.

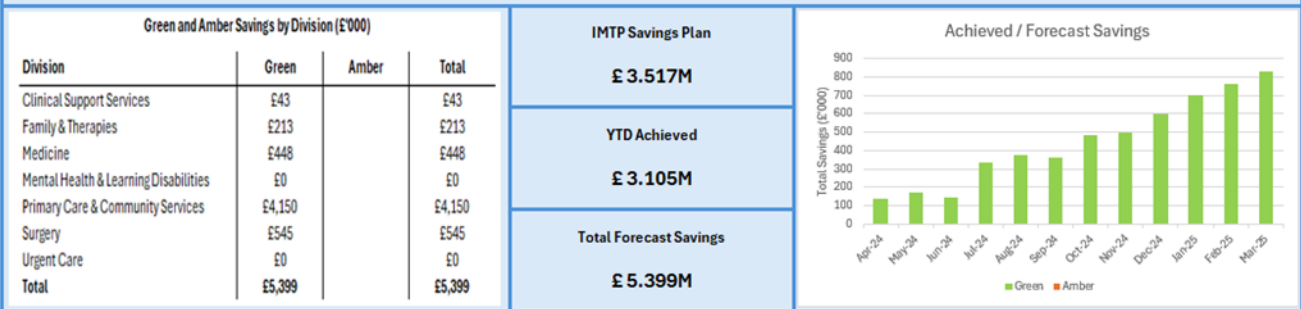
Savings delivered in 2023/24 were £6.0m. The savings forecast for 2024-25 at month 9 remained at £5.4m but will increase when the previously mentioned savings from Neurology switches are factored in. Further potential opportunities and cost pressures for inclusion in Division Annual Plans are being reviewed within Divisions with their local Pharmacy teams.

Medicines Management Spend Summary 2024/25

01/04/2023 31/12/2024



Medicines Management Savings Summary 2024/25

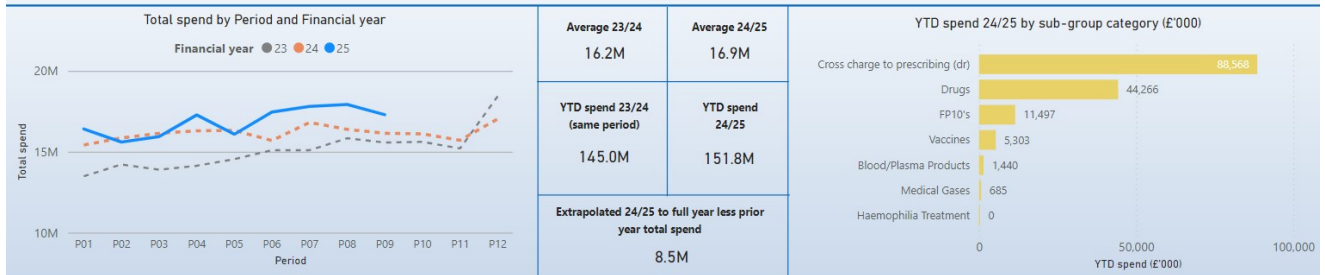


Enhanced Medicines Management Information

The Finance team produce a dashboard like the one shown above for Primary Care Prescribing and Secondary Care. These dashboards are available to V&SB and Medicine Management by Division Programme Board.

Value & Sustainability - Medicines Management 2024/25

01/04/2022 31/12/2024



Medicines Management savings summary 2024/25 (£'000)



Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Value & Sustainability Board – Workforce Update February 2025

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.

Key Focus Areas:

Current mapping out and assessment of Ministerial targets, which are outlined below:

- Aim to deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure
- Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.
- Support a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales
 - Stopping HCSW agency and RN off contract agency, linked to recruitment of substantive staff (82 offers made end of Nov 24) - £500k annual opportunity
 - International Recruitment Initiative - £1m opportunity
 - Roster Deep Dives – £ impact TBC
 - Retention, Sickness and Wellbeing, Establishment Control, Job Descriptions, Optional Models of Care / Team Design - £ impact TBC
 - Review of Enhancements on Specialist Bank Rates – £2m annual opportunity
 - Review of Medical Agency Spend – £1m annual opportunity
 - Admin Review - £2.4m annual opportunity bringing HB in line with All Wales average
 - Enhanced Care Protocols and usage - £2m - £4m annual opportunity
 - Opportunity to expand bank and rostering in other service areas- requires investment in resources before savings can be achieved.

Challenges:

- Winter pressures
- Planned Care recovery with increasing levels of variable pay
- Risk of fatigue / increased sickness
- National and International skill shortage
- Demographic profile of workforce
- Sickness absence remains high at 6.2%
- Industrial Action
- RNC request for re-evaluation on standard job descriptions
- Impact of WHC Non-Pay Collective Agreement
- Ongoing high demand for patient care
- Potential workforce change issues implementing medical e-systems

National Work

Included in the national update for this workstream for October 24 were the following focus areas

- 1) Monitoring reduction in agency costs through a clear control framework
- 2) Development of a clear, approved international recruitment plan for hard to recruit areas
- 3) NSLA – Clarity, training and education of ward managers on roster management
- 4) Corporate benchmarking – undertake exercise across NHS Wales against ESP and Band 9 roles

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



Value & Sustainability Board – Service Re-Design Update February 2025

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
- Intersite Transport - £1.3m in current 24-25 forecast

Evaluation of service changes, both financial and non-financial, is now required.

Next Steps / Opportunities:

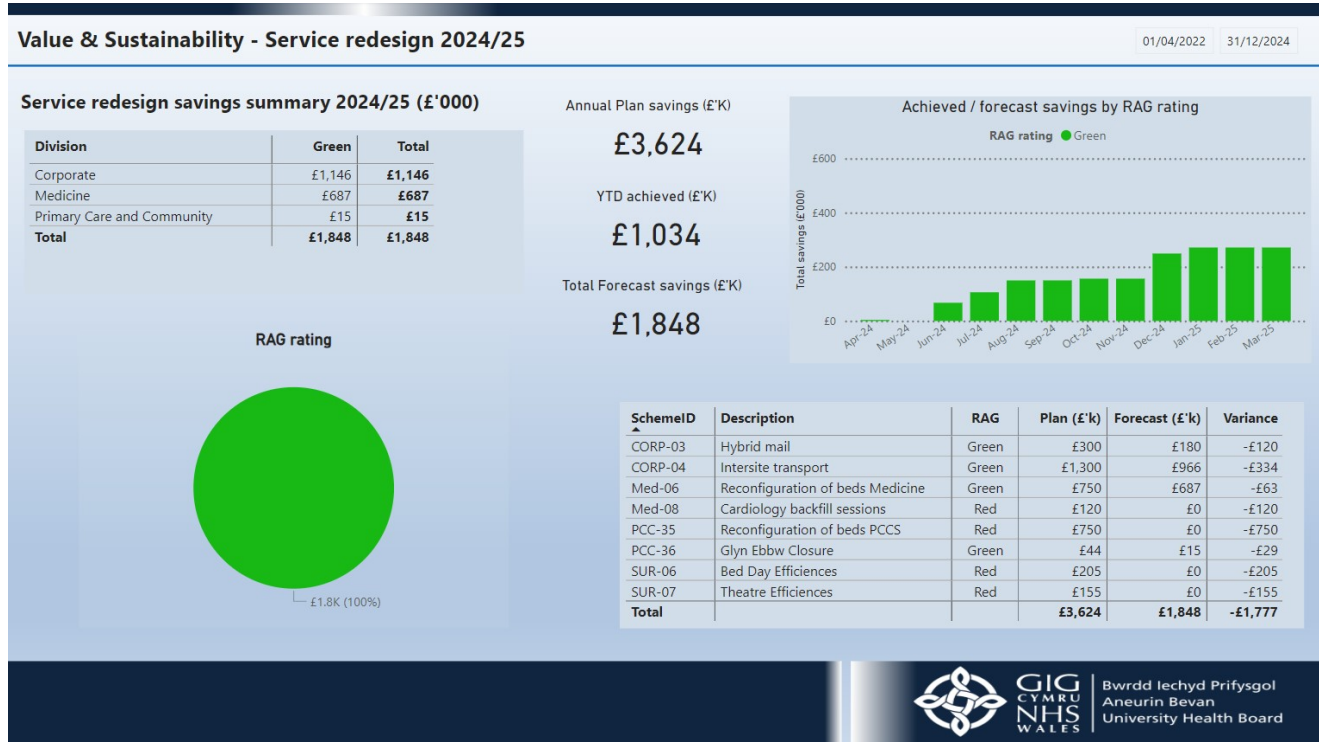
- INNUS – awaiting information of the 8 procedures identified as part of the All-Wales project. When visible, intention is to cost this and assess performance impact.
- Inpatient Re-configuration (Phase 4 Bed reductions, 3 Wards) - £7.5m
- Medical Model – £ impact TBC
- Ambulatory Care Optimisation - £ impact TBC
- Service Estate changes - £ impact TBC
- Service Efficiencies (Theatres, O/P's, Diagnostic) – £ impact TBC
- Ambulatory Care Optimisation / St Woolos Hospital Rationalisation – £ impact TBC

National Work

Key focus areas / priorities from the national update October 24:

- Innovation / Value / Technology
 - Launch policy and universal criteria for low value interventions
 - Digital developments focussed on admin intensive processes
 - Digital booking tools
 - Utilisation of 111 to direct patients
- Planned Care / Elective services
 - SOS/PIFU roll out
 - Diagnostic referral pathways – review of high volume pathways
 - Full implementation of health pathways work
- Estate rationalisation
- Pathways of Care Delays – Surge beds
 - Review of bed occupancy
 - Full deployment of Trusted Assessor
 - Deployment of further faster actions, inc. maximisation of virtual wards
- Assessment of service resilience and consolidation opportunities

Appendices



Continuing Healthcare V&S update February 2025

ABUHB V&SB Executive lead – Chief Operating Officer

Value & Sustainability CHC delivery

As at Month 9 savings of £7.745m have been identified against a plan of £8.443m. £6.712m are currently rated green and £1.033m 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

The review of the Divisional top 50 placements workstream commenced at the end of October. The reviews have now been completed and will be considered at a future DLT (date to be scheduled)

Mental Health & Learning Disabilities

The Pathway Panel Terms of Reference have now been completed and are being implemented

The Quality Assurance Panel Terms of Reference have also been refreshed and approved

Monthly disputes review meetings in place 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 and the first meeting to progress this has now taken place
Repatriation TOR completed. Bed prioritisation meeting to be timetabled.
8 housing projects have been identified in order to promote efficient and effective service delivery

Family & Therapies

Scrutiny of invoices > £100k – currently a challenge due to staffing issues
Partnership working

Next Steps

Complex Care

Consider output from the top 50 reviews and agree next steps for placements where package adjustments are required
Continue to build on positive work to manage / reduce enhanced care in care home setting, including internal training on the enhanced care framework
Review protocol for use of cohort model care home
Implement changes linked to FNC assessment and evaluation following review

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
West Sussex case now with L&R
Further focus on the review process for commissioned packages
Commissioning structure / accountability meeting held with Directorates

Family & Therapies

Disputes panel for DE and EH to be resolved

Challenges

Complex Care

The support provided for the discharge work has limited the resource available in the service to progress efficiency schemes in the period
Delay with step down pathway for cohort model / increase in one to one
Identifying call management system for CAHT

Mental Health & Learning Disabilities

Vacancies in Commissioning team out to advert
High-cost Transition cases – plans emerging
Funding disputes, action plans now in place
Limited in-house repatriation services available

Family & Therapies

Repeated "over commissioning" of healthcare professionals within social care packages

Mitigation plans: early planning and no surprises approach with Local Authorities

Staffing challenges due to maternity leave, retire and return on reduced hours and long term sick

Mitigations

Complex Care

Initial review of HCSW banding for PP runs potential adjusted recruitment strategy (on-going)

Funding linked to winter resilience discharge schemes identified

Mental Health & Learning Disabilities

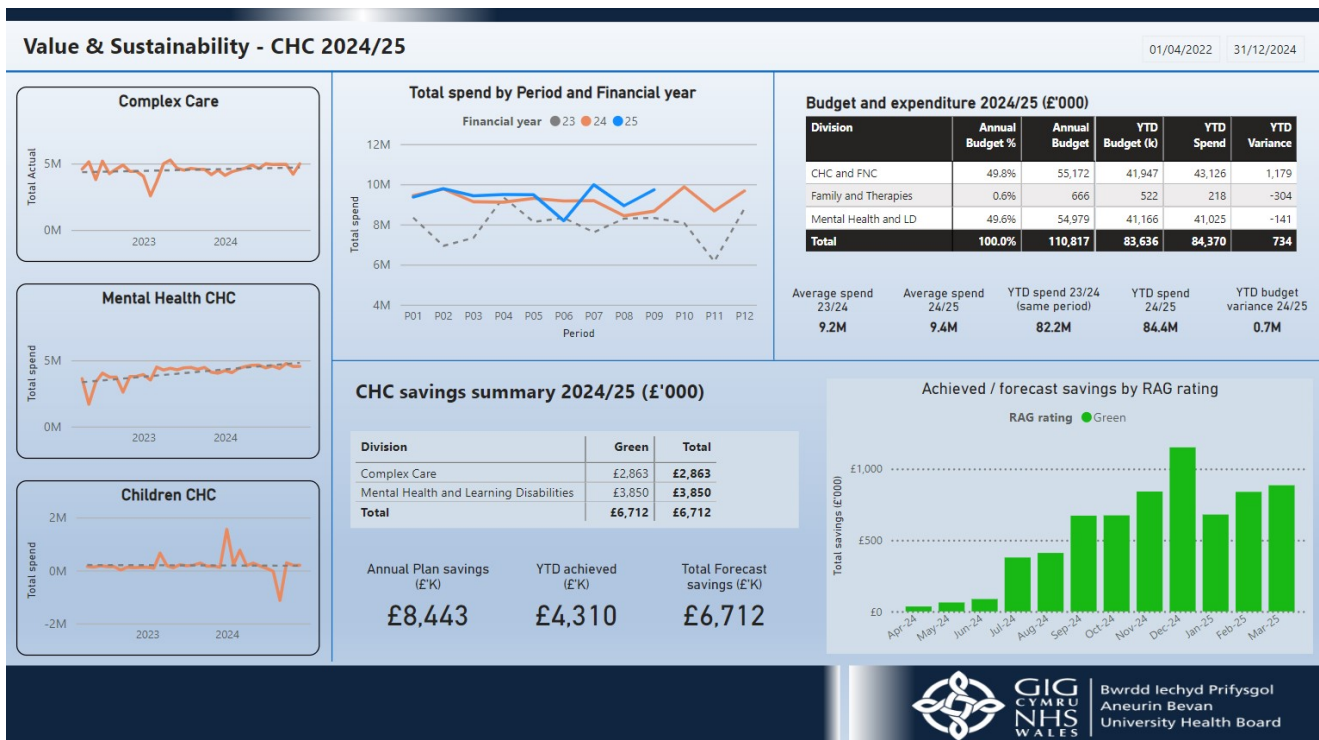
Temporary Case Manager appointed until March 2025

Cross divisional transition group established to ensure oversight and horizon scanning of transition cases and Directorate accountability

Dispute process policy being redrafted with revised escalation process, dialogue with LA in progress

Family & Therapies

Permanent Case Manager recruited, start date Jan 25



Value & Sustainability Board – Non-Pay Update February 2025

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 against £9.8m plan – further opportunities progressing.
- Ty Gwent office move completed – £0.5m saving for 2025/26
- Medical consumables & Theatre Improvement – Sub-group set up to provide a dedicated focus in this area. Procurement pushing national priorities and local opportunities.
- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. 40 contracts identified & working through each of them starting with highest value. Key successes in CCS.
- Commissioning - LTA Arbitration with CTM successfully achieved £1.8m savings, £1.5m above estimates in plan. Additional In year delivery cost reduction of £1.7m (will be reflected in month 10 savings reporting now CTM LTA agreed).
- 2025/26 pipeline initiatives identified of £3.8m opportunities to progress, most significantly Energy pricing reduction of £2m.

Challenges:

- Clinical preference & resistance to change
- Lead times for 'pilots'
- Budget holder focus on delivering savings

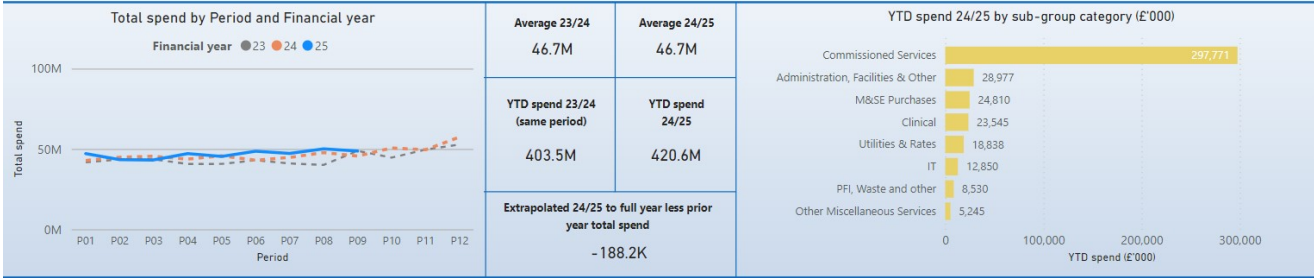
National Work

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
- Digital equipment (laptops) national procurement potential

Value & Sustainability - Procurement & Non pay 2024/25

01/04/2022 31/12/2024



Non pay savings summary 2024/25 (£'000)

Division	Green	Amber	Total
Clinical Support Services	£767	£3	£770
Contracting and Commissioning	£2,356		£2,356
Corporate	£2,995	£150	£3,145
Estates and Facilities	£3,413	£70	£3,483
Families and Therapies	£433		£433
Medicine	£502		£502
Primary Care and Community	£4,109	£66	£4,175
Surgery	£535		£535
Urgent Care	£100		£100
WHSSC	£2,633		£2,633
Total	£17,843	£289	£18,131

Annual Plan savings (£'K)

£15,115

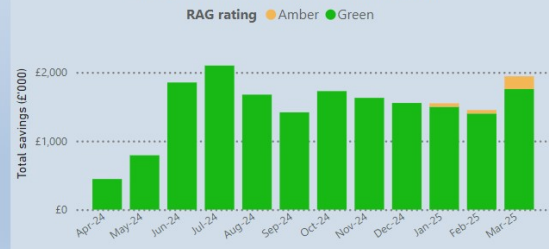
YTD achieved (£'K)

£13,189

Total Forecast savings (£'K)

£18,131

Achieved / forecast savings by RAG rating



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Value & Sustainability Board – Prevention Update February 2025

ABUHB V&SB Executive lead – Director of Public Health

Focus on CVD Hypertension and Diabetes and Contraception , working with GPs and key NCN groups to progress.



6.2% Copy of Value and %

Value & Sustainability Board – Digital Update February 2025

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 Mamhilad concluded.
- ICT Equipment requests continue to be challenged
- Online House roof works to commence September, contractor agreed.
- Telephony credits agreed – awaiting next billing cycle to reflect this.
- Attend anywhere – funding confirmed by WG until March 2025 – new procurement underway for a replacement.
- Development of Microsoft 365 solution for the Workforce as part of the People Plan.
- Development of Microsoft 365 solution to manage waiting lists for cataract treatment

Challenges:

- M365 Numbers to be affected by Facilities staff new request
- M365 VAT reclaim still awaiting treasury decision – 4 year rule July 25
- Reviewing ICT requests from users – validating information
- Stale devices Laptops 384 Desktops 149 not been used in last 12mths, working with staff to locate
- DHCW funding letters – one received in Aug to date (LINC)
- Resources currently allocated to the Microsoft 365 team

Next Steps:

- 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.
- Continue improvement programme using Microsoft 365 tools and features.
- Detailed RPA paper presented to Finance & Performance Committee in December

Financial Opportunities:

- Digital Patient communications - £69k (24-25)
- Dial Tokens SLA - £7.2k (25-26)
- Telephony - £51k (over the next 3 years)
- HB wide Mobile reallocation - £50k (from 25-26)
- Ease of access for staff to book on values and behaviours sessions – TBC
- A form and flow to identify Cataract patients suitable for high flow clinics. System replaces a manual telephone contact to each patient and will allow handling of waiting list to be more efficient - TBC

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

Summary

The below graphic presents the overall forecast savings achievement planned for 2024/25. Further work on future opportunities is continuing and the Quality Impact Assessment process will be considering proposed opportunities as part of the three year route map to recovery and 2025/26 IMTP plans.

Savings summary 2024/25

01/04/2024 31/12/2024

Savings summary by Value & Sustainability category (£'000)

V&S Category	Number of Schemes	Plan	Forecast	Variance	% Achieved
CHC	14	£8,443	£6,712	-£1,731	79.5%
Medicines Management	16	£3,518	£5,399	£1,882	153.5%
Procurement & Non-pay	109	£15,115	£18,131	£3,016	120.0%
Service Redesign	8	£3,624	£1,848	-£1,777	51.0%
Workforce	62	£9,811	£10,730	£920	109.4%
Total	209	£40,511	£42,821	£2,310	105.7%

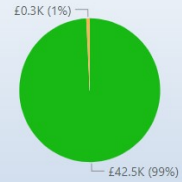
Forecast against initial plan (£'K)

£33,353 + £9,468 = £42,821

New in-year schemes (£'K)

Total Forecast savings (£'K)

RAG rating of forecast savings (values in £'000)



Recurrent/non-Recurrent

R/NR	Forecast £'k	% Total
R	£31,552	74%
NR	£11,269	26%
Total	£42,821	100%

Forecast FYE (£'K)

£35,844

Achieved / forecast savings by RAG rating



Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	2.1%	£846	£554	£789	£235	£1,105	£258	130.5%
Complex Care	9.0%	£3,633	£2,192	£2,265	£73	£2,903	-£731	79.9%
Contracting and Commissioning	1.7%	£706	£496	£1,733	£1,238	£2,356	£1,650	333.7%
Corporate	17.7%	£7,164	£4,987	£4,495	-£492	£6,271	-£893	87.5%
Estates and Facilities	6.5%	£2,640	£1,788	£2,998	£1,210	£4,166	£1,526	157.8%
Families and Therapies	2.1%	£857	£596	£546	-£50	£923	£66	107.7%
Medicine	6.9%	£2,801	£1,838	£2,258	£420	£3,821	£1,020	136.4%
Mental Health and Learning Disabilities	14.6%	£5,906	£3,780	£2,850	-£931	£4,975	-£931	84.2%
Primary Care and Community	28.1%	£11,385	£7,838	£8,286	£448	£12,182	£796	107.0%
Surgery	4.6%	£1,855	£1,199	£962	-£237	£1,273	-£583	68.6%
Urgent Care	0.2%	£84	£60	£144	£84	£214	£130	255.1%
WHSSC	6.5%	£2,633	£1,930	£1,975	£44	£2,633	-£0	100.0%
Total	100.0%	£40,511	£27,259	£29,301	£2,042	£42,821	£2,310	105.7%



Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Argymhelliad / Recommendation

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

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. Financial Balance
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item.

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
---	--

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Not Applicable 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/>

Focus Area	Clinical Variation and Service Reconfiguration
<p>Key Aims and Objectives</p> <p>Aim:</p> <ul style="list-style-type: none"> To identify key actions across a number of policy and operational areas to determine scope of opportunity in respect of: <ul style="list-style-type: none"> Reducing unwarranted clinical variation Ensuring sustainable service configuration Guarding against inequity of access Delivering recurrent financial benefits for NHS Wales <p>Objectives:</p> <ul style="list-style-type: none"> Identify savings, options and choices being implemented in organisations and potential for scaling on a national basis; Develop a proposal for short, medium and long term high value areas for financial improvement, for consideration and implementation across the system Support the development and implementation of once for Wales approaches 	
<p>Focus areas/Priorities</p> <ul style="list-style-type: none"> Innovation / Value / Technology <ul style="list-style-type: none"> Launch policy and universal criteria for low value interventions Digital developments focussed on admin intensive processes Digital booking tools Utilisation of 11.1 to direct patients Planned Care / Elective services <ul style="list-style-type: none"> SOS/PIFU roll out Diagnostic referral pathways – review of high volume pathways Full implementation of health pathways work Estate rationalisation Pathways of Care Delays – Surge beds <ul style="list-style-type: none"> Review of bed occupancy Full deployment of Trusted Assessor Deployment of further faster actions, inc. maximisation of virtual wards Assessment of service resilience and consolidation opportunities 	
<p>Scope</p> <p>Areas in scope All services currently in scope until further work undertaken to determine opportunities.</p>	
<p>Areas not in scope At this point, no areas have been deemed out of scope.</p>	

Leadership	Other Support Roles
<p>WG Lead</p> <p>Nick Wood / Samia Edmonds</p>	<p>Leadership Experts</p> <p>Hannah Evans</p>
<p>CEO Lead</p> <p>Paul Mears / Carol Shillabeer</p>	<p>Other Peer Group Leads</p> <p>Bec Luffman</p>
<p>DoF Lead</p> <p>Huw Thomas</p>	<p>Other Support Roles</p> <p>Mark Bowling / Claire Green / Hywel Pullen / David Osborne</p>
<p>Clinical Lead</p> <p>TBC</p>	
Governance and Leadership (Working groups, supporting infrastructure)	
Workstream leadership working group	
Frequency of Meetings	
Monthly	
By when	
1	Completed
2	Completed
3	Phase 1 complete Phase 2 – Presentation to January VSB
4	Nov VSB presentation
5	Ongoing
Key Actions and Deliverables	
1	Commission review of estates from Health Boards and Trusts
2	Innovation / Value / Technology: Issue updated guidance on low value interventions to the system. Identify high value actions. RIT guidance to be re-issued.
3	Fragile services review
4	Pathways of Care: <ul style="list-style-type: none"> Undertake review of bed occupancy across Wales Identify opportunity to release capacity
5	Opportunities to be modelled and actions confirmed
Any other additional context / narrative	
<p>Actions and opportunities to be mapped across to existing programmes of work for delivery where appropriate. Actions to focus on outcomes and quality, as well as finance.</p>	



Focus Area Clinical Variation & Service Reconfiguration

Key Activities	Opportunity	Progress and Next Steps	Milestone Date of Delivery	Opportunity £('000s)	V&S Scheduled Update Month
1 Innovation / Value / Technology	Low value interventions: - Released capacity - Positive impact on waiting lists	<ul style="list-style-type: none"> Engagement with clinical implementation groups Clinical coding group to pursue coding issues Rolling programme of 8 interventions to be implemented Agreement on process for patients currently on waiting lists 	Ongoing Ongoing Ongoing Sept 2024		TBC
2 Innovation / Value / Technology	High Value Pathways development	<ul style="list-style-type: none"> 6 pathways identified for national roll out. In discussion re future oversight mechanism within VSB structure 	Complete Oct 2024		TBC
3 Pathways of Care – Surge beds	Reduction in pathways of care delays Hospital delays eliminated (target % tbc)	<ul style="list-style-type: none"> Pathways of Care assessed to highlight opportunities to reduce bed occupancy. 20% reduction target identified for each Local Authority area. 	TBC TBC		
4 Assessment of service resilience and consolidation opportunities	Consolidation of resources e.g. workforce Prioritisation based on degree of fragility	<ul style="list-style-type: none"> Assessment commissioned from NHS Executive Phase 1 report completed Phase 2 scoped Further update to January VSB 	Complete April 2024 August 2024 January 2025		January 2025

Risks Identified

Mitigations



Focus Area Clinical Variation & Service Reconfiguration

Key Activities	Opportunity	Progress and Next Steps	Milestone Date of Delivery	Opportunity £('000s)	V&S Scheduled Update Month
5 Consolidation / repurposing of existing estate	Disposal of freehold property Termination of leases / renewing leases on a renewed footprint Sharing accommodation with other NHS bodies / wider public sector Letting surplus accommodation to the private sector	<ul style="list-style-type: none"> Review of non-clinical space commissioned from HBs and Trusts with a view to rationalisation of non-clinical estate. Continue to work with organisations to review use of estate/ opportunities to consolidate as leases expire Update on opportunities identified to be presented at the September <u>meeting</u> 	Completed Completed Ongoing Sept 2024		September
6 Innovation / Value / Technology	Planned Care productivity and efficiency gains – fallow lists, HVLC, GIRFT, waiting list management, outpatients, digital pre-assessment etc	<ul style="list-style-type: none"> Planned Care Programme to issue fallow list data to HBs. HB assessment of feasibility. Further assessment of opportunities to identify additional priorities. PCP to identify monitoring mechanism and work with FP&D colleagues to quantify impact. Focus of discussion at Nov workstream meeting 	April 2024 May 2024 Sept 2024 Nov 2024		November
7 Innovation / Value / Technology	Development of a consistent model of virtual wards across Wales Resources focussed on those at greatest risk of exacerbation of condition / admission to hospital	<ul style="list-style-type: none"> Focus of discussion at Nov workstream meeting 	Nov 2024		TBC
8					

Risks Identified

Mitigations

Summary of Progress – October

Completed

- Review of estates by HBs and Trusts
- Updated guidance on low value interventions and associated governance structure
- High value actions identified
- Clinical effectiveness group established
- 6 optimum pathways developed. Metrics developed and HB expectations set
- Theatre productivity opportunities issued to HBs for assessment of scale of gains available
- Phase 1 review of fragile services / service resilience

Key Activities for October

- Phase 2 of fragile services review ongoing
- Establish Virtual Ward T&F group
- Rolling programme of INNU guidance to continue
- Workstream to review progress on theatre productivity / efficiency and prepare update for November V&SB
- Areas of focus for 2025 under review

ABUHB VALUE AND SUSTAINABILITY BOARD FOCUS GROUP - CVD

Exec Lead - Tracy Daszkiewicz
SRO - Beveleigh Evans
Clinical Lead - Doctor Arif Mahmood
Finance Lead - Caroline Hobbs & Lisa Andrews

Update as at 20th January 2025
Scope – Public Health
Aims and Objectives – Increased healthy life expectancy and reduce differences in life expectancy and healthy life expectancy between communities

Positive Progress During Period:

CVD – Hypertension - a case finding approach service model has been developed. This service will be offered to GP practices and community pharmacies in Gwent, It will up and running by the end of January 2025.
Diabetes – All Wales Diabetes Prevention Programme (AWDPPP) has been expanded further to three NCNs (Caerphilly South & East, and Blaenau Gwent East)

Next Steps:

CVD – Hypertension - a case finding approach service model will be presented at the Exec Committee meeting in December 2024.
CVD – Hypertension – 'Treating (the known cases of hypertension) to the Target' model has been developed. This will be rolled out in 2025-26 subject to the funding availability.
Diabetes - Start to do the initial planning and preparing to move into Newport, if funding continues.
Explore options of group interventions

Challenges:

CVD – Hypertension- a case finding service is funded through Early Year and Prevention money, which is non-recurrent. Therefore funding source will need to be identified for this service 2025-26. We are awaiting funding confirmation.
Diabetes - AWDPPP funding is due to end March 2025. The uncertainty and delay in notification could affect the delivery of the programme into Newport – If funds do not continue, current capacity will need to be reduced. Retention of staff would be difficult. Staff sickness; Multiple long-term sickness which has affected delivery and could in the future.

Mitigations:

CVD & Diabetes: Integrate the CVD and Diabetes prevention programmes to generate efficiencies

ABUHB VALUE AND SUSTAINABILITY BOARD FOCUS GROUP - LARC

Exec Lead - Tracy Daszkiewicz
SRO - Beveleigh Evans
Clinical Lead - Doctor Catherine Stace
Finance Lead - Caroline Hobbs & Lisa Andrews

Update as at 20th January 2025
Scope – Public Health
Aims and Objectives – Increased access to long lasting conception

Positive Progress During Period:

Health Needs Assessment (HNA) instigated
Focus groups underway with health professions and service providers
Patient facing surveys being conducted later this month

Next Steps:

Continue with evidence base in HNA
Scope possible pharmacy model options

Challenges:

Primary care funding for practices providing coils and implants in LARC enhanced services hardly covers the costs of providing the service.
The rate of GPs being accredited LARC fitters is falling as a result of this, particularly among male GPs (data will be verified in HNA)
There is often not enough physical space in the practice to carry out procedures
Staff availability for chaperones or assistants if required

Mitigations:

Some service coverage is in place with limited options



Focus Area

Opportunity	Progress and Next Steps	Milestone Date of Delivery	Included in 24/25 Plan (See Dashboard)	24/25 Opportunity £('000s)	25/26 Opportunity £('000s)	26/27 Opportunity £('000s)	V&S Scheduled Update Month
1							
2							
3							
4							
5							
6							
7							
8							

Risks Identified

Mitigations

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2025
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:	Director of Corporate Governance

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 September to December 2024 the following requests and/or changes to the Forward Work Plan have been included:

Items deferred on the Forward Work Programme:

- Assurance Report from the Digital, Data and Technology Group.
- Stroke Improvement Plan Update.
- Committee Annual Report 2024/25
- Outcome of annual Review of Committee Effectiveness 2024/25
- Annual Review of Committee Effectiveness 2024/25
- Annual Review of Committee Terms of Reference
- Commissioning Update Report to include:
 - Primary Care
 - CHC
 - Intra NHS Agreements
 - SLAs
- Efficiency Opportunities and Update Report
- Theatres Utilisation Programme
- Committee Risk Report

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/>