



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Information Governance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital (Senior Information Risk Owner)
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital (Senior Information Risk Owner)

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

Cefndir / Background

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

Reports from the Information Governance Group are escalated to provide assurance on key performance indicators to the Finance and Performance Committee.

Asesiad / Assessment

1. Data Protection Impact Assessments (DPIA)

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

There are two stages in the development of these:

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

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

The number of DPIA's completed are outlined below for information along with the full detail:

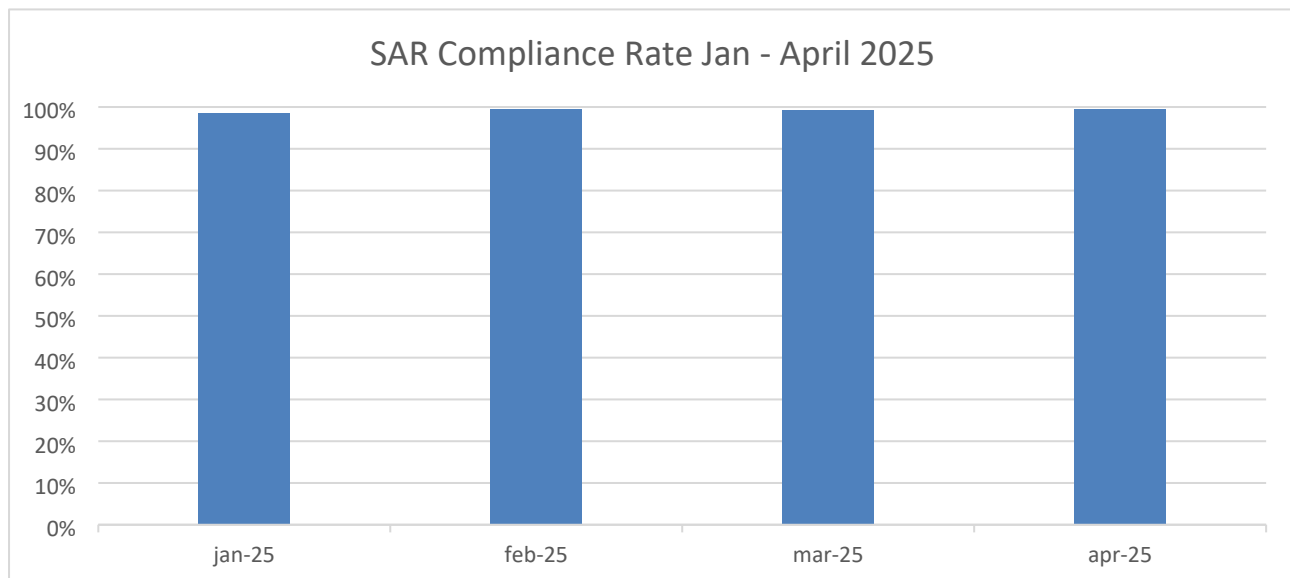
Period	Total number of DPIAs completed
Jan 2025 – April 2025	37



DPIA Report Jan - April.csv

2. Subject Access Requests

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



3. Training Compliance

The elearning training package is a national product containing Cyber Security, Health Records and Information Governance which is taking staff a long time to complete which has affected the compliance rates of all health Boards. Discussions

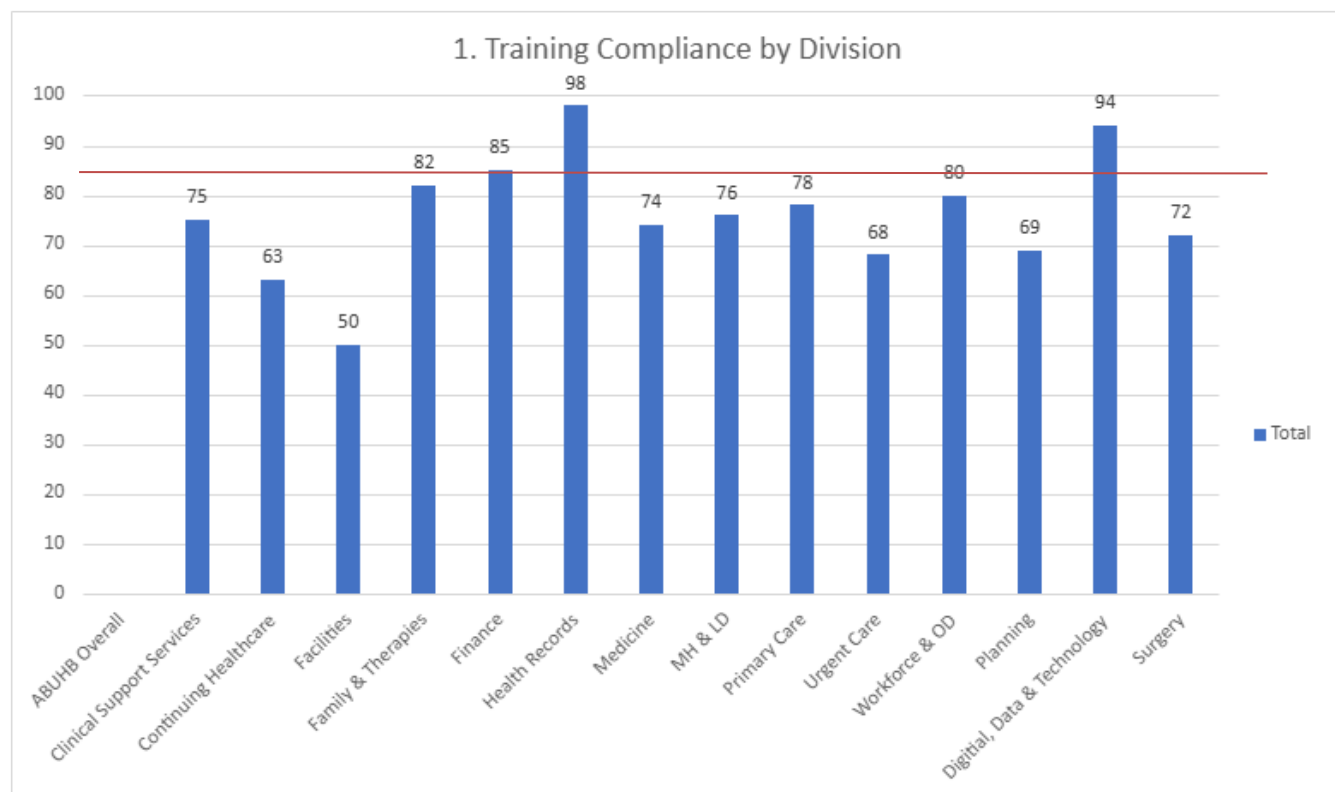
are ongoing on a national basis to review content and to separate the training into individual modules - Information Governance, Cyber Security and Health records which should improve matters.

The Information Governance team continue to work with divisions to ensure mandatory Information Governance and Cyber Security training is undertaken and support through specific induction and bespoke training. A reminder has also been published on the intranet with a poster to remind staff of the need to undertake their training. There has also been a training video created which is posted on the intranet pages.

A number of drop-in sessions were arranged for service areas. Please see below face to face training data from ESR for the reporting period requested.

Month	Department	Number of attendees
February	Dietetics/weight management	64
February	PCMH	8

The current training compliance for the Health Board and divisions is shown below with a target of 85%. The overall compliance is 75%.



4. Information Governance Incidents

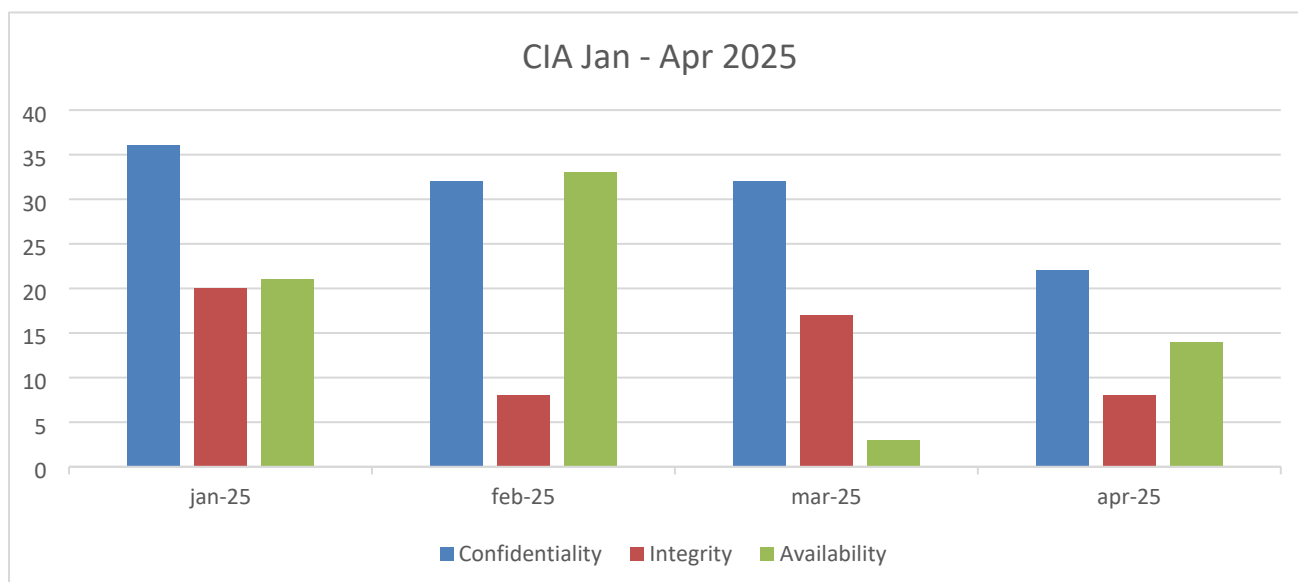
Incidents investigated by the Information Governance team have been risk assessed and all have been assigned as a low risk, the numbers of incidents investigated between Jan 2025 – April 2025 are shown below: -

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

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

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

Incident Type	Incidents Investigated	Number Reportable to Commissioners Officer (ICO)	Incidents Outstanding
Confidentiality	77	0	0
Integrity	73	0	0
Availability	52	0	0
Total	202	0	0



5. Divisional Risk Management

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

Division	Risk Description	Mitigations	Risk Score
Family & Therapies/Health Records	EMPI – information is updated on Health Board systems from Welsh Demographic Service. ***Updated Risk – EMPI now pulls information from PDS (National version of WDS) – means that information is now pulled from all over UK***	SBAR drafted to request complete turn off downward feed.	9
Digital, Data & Technology	National Data Resource – Joint Controllership Status	Joint controllership status being	9

		worked on by DHCW	
Digital, Data & Technology	CWS Back Button – if you press the back button while uploading a document, it automatically adds to the previous patient record	CWS advise staff of this during training	8
Mental Health	Missing documents on WCCIS	SBAR produced to collate all information; IG are currently contacting staff members list provided by WCCIS to confirm if information can be resaved on WCCIS this is currently ongoing	9
Mental Health	Epex decommission	SBAR produced to collate all information: main risk Tracking information cannot be viewed in the legacy data this has been highlighted by IG, HR & clinical Governance. This issue was being discussed at the WCCIS project board	8
Surgery	Laborie – Urology system	SBAR produced to collate details system is end of life. All data held on system to be recovered and stored appropriately Infrastructure Architect is currently working on the automating data extraction	9

6. ICO Audit

The ICO undertook a voluntary audit in September 2023 which looked at 3 specific scope areas. Those areas were Information Security, Requests for Access, and Information Risk.

Scope area	Description
Information Security	There are appropriate technical and organisational measures in place to ensure the confidentiality, integrity, and availability of manually and electronically processed personal data.
Requests for Access	There are appropriate procedures in operation for recognising and responding to individuals' requests for access to their personal data.
Information Risk Management	The organisation has applied a "privacy by design" approach. Information risks are managed throughout the organisation in a structured way so that management understands the business impact of personal data related risks and manages them effectively to assure the business of the organisation.

The audit took place over a period of 10 days and included onsite visits as well as discussions with staff across several areas of the organisation. The outcome of the audit was that ABUHB had reasonable assurance in respect of the 3 scope areas and made recommendations for improvement.

Final Follow up Audit – February 2025

The ICO acknowledged the progress ABUHB is making towards the completion of the original sixty-three recommendations, and we have now assessed 41 (65%) recommendations as 'completed' and 22 (45%) recommendations as 'in progress'. There is still some progress to be made in specific areas where a continued residual risk remains. The ongoing work should serve to further improve Health Boards compliance with the UK GDPR and other information assurance standards. As such, the ICO now consider the audit engagement complete.

Work is still required in relation to the review and implementation of appropriate policies. The Information Governance Team will continue to work to complete all of the recommendations.

7. Clinical Coding

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

1. 95% of episodes clinically coded within one reporting month post episode discharge end date
2. 90% percentage of clinical coding accuracy attained in the DHCH national clinical coding accuracy audit programme

The coding performance for 2024/2025 is shown below:

Monthly Submitted Completeness <30 Days													
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Records Submitted	17986	18826	17827	18949	17777	18336	19445	18581	17954	19778	18792	20938	225189
Records Coded <30 Days	13864	14601	15147	13891	13622	15057	15536	15078	15260	17287	15384	17226	181953
% Complete <30 Days Discharge	77.1%	77.6%	85.0%	73.3%	76.6%	82.1%	79.9%	81.1%	85.0%	87.4%	81.9%	82.3%	80.8%
Monthly Completeness Total													
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Records Submitted	17986	18826	17827	18949	17777	18336	19445	18581	17954	19778	18792	20938	225189
Currently Coded	14931	16101	15717	15529	15119	15600	16177	15725	15821	17883	16831	17226	192660
Current % Completeness	82.1%	84.7%	87.4%	81.1%	84.2%	84.1%	82.3%	84.1%	87.6%	89.5%	89.1%	82.3%	85.6%
Monthly Accuracy Performance													
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Total Errors	74	90	78	126	85	61	94	83	91	132	194	109	
Uncorrected Errors	0	0	3	0	0	0	0	0	1	0	3	1	
Corrected In 35 Days Or Under	71	87	64	123	83	61	89	82	88	124	184	108	
% Corrected In 35 Days Or Under	95.95%	96.67%	82.05%	97.62%	97.65%	100.00%	94.68%	98.80%	96.70%	93.94%	94.85%	99.08%	

It should be noted the Health Board is above the national coding completion average for NHS Wales which stands at 73% for 2024/2025.

In order to improve the coding performance as the committee will be aware structural changes and additional posts were approved by the Executive Committee last year. Whilst all the new posts are in place there remains three posts to backfill which is expected to complete in the summer.

In addition, the team continue to engage with the national coding improvement programme which is focusing on the following areas to improve the coding performance across all of NHS Wales:

- Improvements in data quality governance through the establishment of a national Data Quality Group reporting into the new digital governance arrangements being established by Welsh Government
- Development of a national Clinical Coding strategy
- Introducing national consistency regarding pay scales and job descriptions to avoid coding staff leaving Health Boards for higher bands in other organisations
- Investigating options for clearing coding backlogs
- Investigating into new technologies that can support coding activities such as automation and artificial intelligence

8. Cyber Security

Desktop Patching

Current patch levels are at 80% of our 15,273 devices have had all the Microsoft security patches deployed over the last period. This is a reduction from the previous period of 87% although most non-compliant devices only require a small number of patches. We still await Digital Health & Care Wales (DHCW) to deliver the solution to enable the patching of devices for staff who predominately work from home and don't regularly connect to the NHS Wales remote access solution. This has been formally escalated to the relevant department head in DHCW.

The current levels of operating systems used across the Health Board are outlined below:

- 79.17% of devices are running Windows 10 (a decrease from 91.36% in the last period)

- 17.80% of devices are running Windows 11 (an increase of 10% since the last report)

Of all our devices 96.97% of the desktop estate are running a supported operating system build.

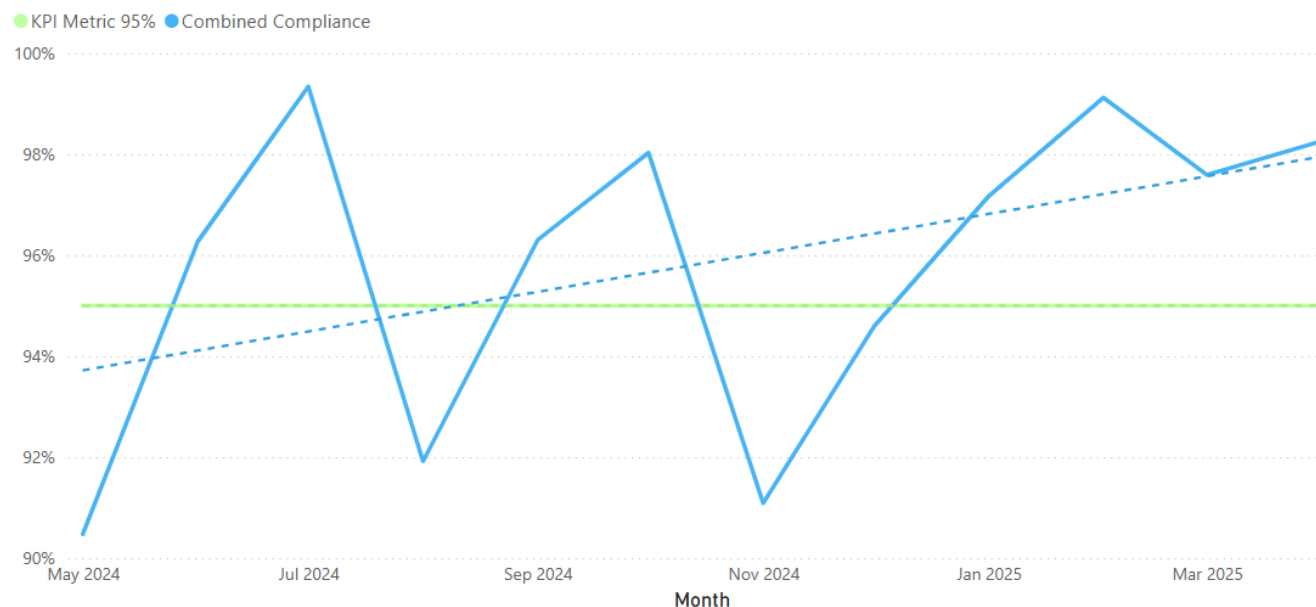
Windows 10 will go end of life with Microsoft on October 14th 2025 and whilst we are migrating to Windows 11 as quickly as possible given the number of devices that require manual intervention it is likely that some form of extended support agreement will be required from Microsoft. This is being coordinated nationally across NHS Wales as most organisations are in a similar position.

Server Patching

Microsoft Security Updates form part of software releases made available on the second Tuesday of each month by Microsoft. Aneurin Bevan University Health Board aims to deploy all Microsoft Security updates to its server estate within 30 days of release.

Currently patching figures show 99.02% of managed servers and 92.16% of third-party servers are fully patched at the end of the reporting period. This is broadly continuing the improvement trajectory as shown below:

Zero Patch Compliance Trend Server Estate



Compliance	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
3rd Party Managed Servers	79.59%	93.62%	98.00%	86.00%	88.00%	92.00%	86.27%	90.20%	94.12%	94.12%	96.08%	92.16%
ABUHB Managed Servers	91.73%	96.56%	99.26%	92.65%	97.31%	98.77%	91.69%	95.13%	97.56%	99.75%	97.78%	99.02%
Overall Patching Status	90.47%	96.26%	99.34%	91.92%	96.30%	98.03%	91.09%	94.59%	97.17%	99.12%	97.59%	98.26%

Server Estate Operating System & SQL Installations

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

End of Support Microsoft Operating Systems

Currently, 97.65% of the Health Boards servers are running fully supported Microsoft Server Operating Systems. The technical teams continue to work on servers running unsupported Windows Server 2012 operating systems and this has remained the same at 9 since the last reporting period.

End of Support Microsoft SQL

Currently, 90.44% of the Health Boards Microsoft SQL database instances are running fully supported Microsoft versions which has increased slightly from 89% in last period.

Cyber Incidents

During March and April there was no cyber security incidents against our server estate which is protected by Sophos Anti-Malware.

From a desktop perspective (protected by Microsoft Defender) the number of incidents is outlined below. All were resolved in a timely manner.

Defender Incidents

Month	Severity		
	Low	Medium	High
May 2024	3	1	2
June 2024	0	5	0
July 2024	7	7	0
August 2024	2	2	2
September 2024	1	3	1
October 2024	2	1	1
November 2024	2	2	4
January 2025	0	1	1
February 2025	0	0	0
March 2025	0	0	1
April 2025	0	0	4

NIS-R Audit

The next audit of our cyber security compliance against the Cyber Assurance Framework (CAF) will take place during the first part of June and a report of this audit will be brought to the next committee meeting.

Argymhelliad / Recommendation

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

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

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Information Governance Group Divisional Assurance Groups Cyber Security Monthly Reports
Rhestr Termau: Glossary of Terms:	CAF – Cyber Assessment Framework CIA – Confidentiality, Integrity, Availability CWS – Clinical Workstation DHCW – Digital Health & Care Wales DHR – Digital Health Record DPA – Data Protection Act DPIA – Data Protection Impact Assessment GDPR – General Data Protection Regulations EMPI – Enterprise Master Patient Index ICO – Information Commissioners Office NCSC – National Cyber Security Centre NIS-R – Network & Information System Regulations PDS – Patient Demographic Service RPA – Robotic Process Automation WASPI – Wales Accord Sharing Personal Information WCCIS – Welsh Community Care Information System WDS – Welsh Demographic Service

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology team
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Ticket ID	Logged Date	Title	Ticket Type	Risks Mitigated	Risks Outst	Risks Identified
174035	Feb-25	British Hernia Registry - Dendrite	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
180052	Feb-25	Grammarly	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169021	Jan-25	Eadvice	Information Governance - Data Protection Impact Assessment	Moderate	Low	R1 - Risk
174215	Feb-25	Eden - Mortuary and Care After Death	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169377	Jan-25	SMS Messages (Audit Base)	Information Governance - Data Protection Impact Assessment	Moderate	Low	R1 - Risk
185527	Mar-25	WID Easy-Test DPIA	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
164922	Jan-25	Rare Care Centre DPIA	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk
172712	Feb-25	All Gwent Warmer Homes DPIA's (inc Newport)	Information Governance - Data Protection Impact Assessment	Moderate	Low	R1 -
173217	Feb-25	Promptly DPIA	Information Governance - Data Protection Impact Assessment	Moderate	Low	R1 - Risk
174196	Feb-25	DDM Digital Weight Management DPIA	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk
174358	Feb-25	Symphony DPIA	Information Governance - Data Protection Impact Assessment	Moderate	Low	R1 - Risk
174450	Feb-25	Simple Mind	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
182616	Mar-25	Occ Health	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
183964	Mar-25	HBIE to SMR API DPIA	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk of Inappropriate Access
164719	Jan-25	BeConnected DPIA	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk of Inappropriate Access
164382	Jan-25	DPIA - Dental Referrals Management System DRMS Phase 2 National Project	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
168810	Jan-25	Open Eyes -Eye Digitisation Project - DPIA	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169380	Jan-25	DPIA - GSI Datamatrix Wristband Labels	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169382	Jan-25	DPIA - Digital Consent	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169390	Jan-25	DPIA - ICNET Surgical Site Infection ORMIS Theatre Feed	Information Governance - Data Protection Impact Assessment	Awaiting return of DPIA		
169558	Jan-25	IBEX	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk
177178	Feb-25	ACR	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk
184307	Mar-25	RISP	Information Governance - Data Protection Impact Assessment	National DPIA In Progress		
197195	Apr-25	Elemental Version	Information Governance - Data Protection Impact Assessment	Low	Low	R1 - Risk

Risks are not logged during screening process. If any new processing or significant changes to processing of information are identified during the screening process, a full Data Protection Impact Assessment is completed.

173085	Feb-25	Facilities WhatsApp Messaging - Screening Questions	Information Governance - Screening Questions
180702	Feb-25	Future NHS - Screening Questions	Information Governance - Screening Questions
183980	Mar-25	Heart Failure Data - Swansea University - Screening Questions	Information Governance - Screening Questions
193896	Apr-25	MSc project - Screening Questions	Information Governance - Screening Questions
164948	Jan-25	NHH Planning - Screening Questions	Information Governance - Screening Questions
197364	Apr-25	General Surgery - Research - Screening Questions	Information Governance - Screening Questions
173034	Feb-25	HopeGB and Parents Voices in Wales - Screening Questions	Information Governance - Screening Questions
171781	Jan-25	Eden Care after death - Screening Questions -	Information Governance - Screening Questions
165397	Jan-25	Recovery College model - Screening Questions	Information Governance - Screening Questions
164381	Jan-25	ReMarkable - Screening Questions	Information Governance - Screening Questions
193782	Apr-25	PACS Process - Radiology - Screening Questions	Information Governance - Screening Questions
185243	Mar-25	Networking of urodynamics computer - Creo Medical - Screening Questions	Information Governance - Screening Questions
166811	Jan-25	GLEAN - Screening Questions	Information Governance - Screening Questions



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report from the Digital, Data and Technology Group
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway – Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway – Director of Digital

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Digital Data and Technology (DDaT) Directorate manages several Digital Transformation and ICT Programmes, linked to the Health Boards Digital Annual Operational Plan, which sets out both the expected Health Board aligned deliverables as well as the strategic initiatives necessary to ensure our digital services can maintain safe, secure, reliable, and compliant services and meet the growing demand for digital transformation.

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

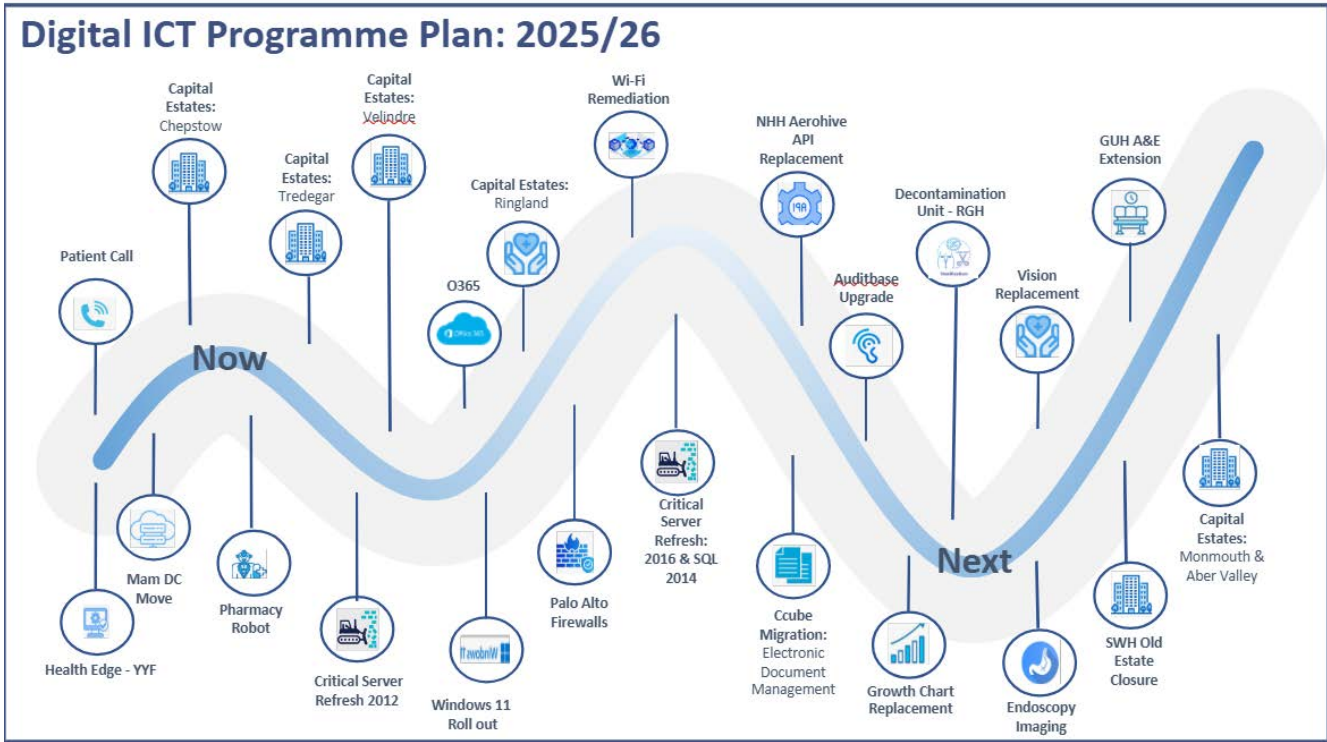
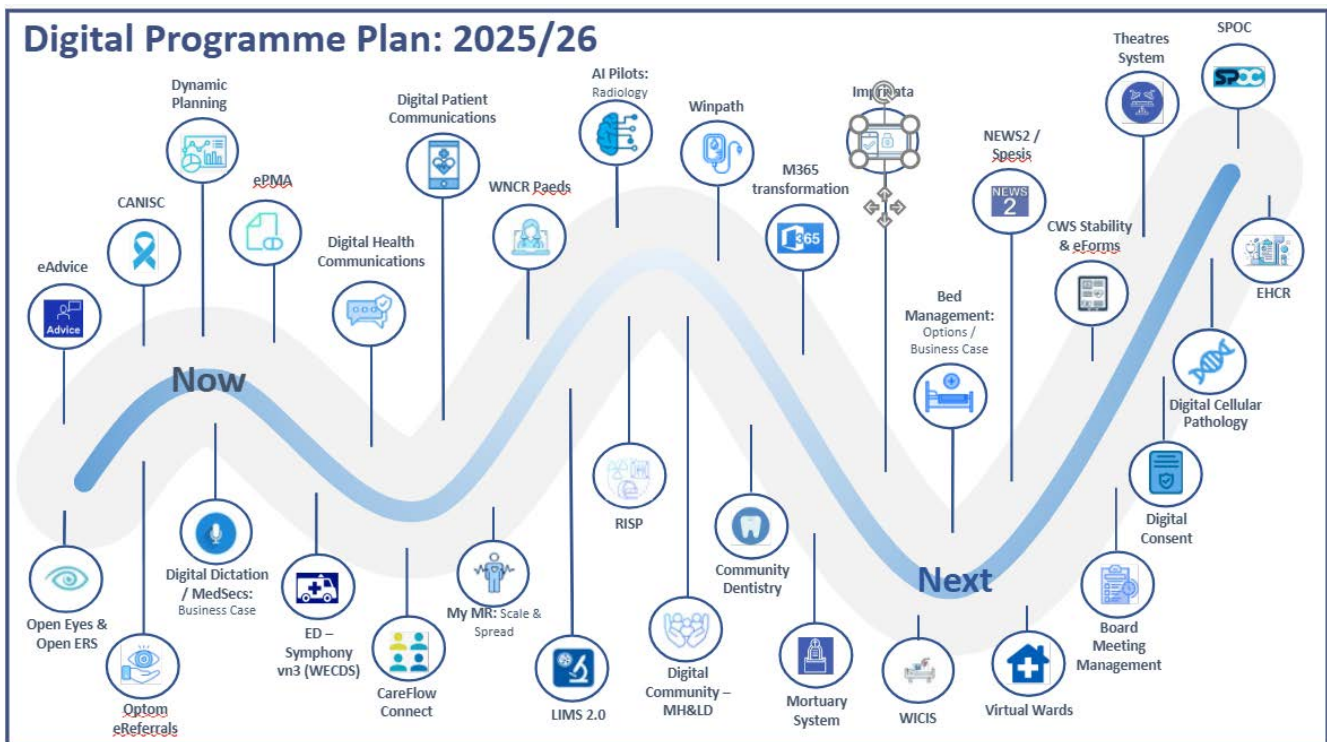
This report provides an update on the progress over the last period.

Cefndir / Background

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

Digital Projects	Current Projects 69	New Last 30 Days 3	Closed Projects 75	Closed Last 30 Days 3
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A high-level roadmap of major projects can be found below:



Asesiad / Assessment

An update on progress, including key risks and issues, can be found below for each digital programme:

1. Acute Programme

Eye Care

Key priority for the organisation supporting improvements in waiting list position of Ophthalmology and regional working. Key milestones completed are:

- The Health Board has now taken the lead and instigated a regional digital project board to support the implementation of OpenEyes (currently deployed in Cardiff & Vale). The focus now is on readiness activities and development of a robust plan.
- Given lack of clarity over national position of Electronic Referral System the Health Board will support an interim solution using Microsoft 365 and E-mails to support the additional planned care activity.

Welsh Intensive Care Information System

Welsh Government has funded Digital Health & Care Wales (DHCW) to reset the programme given the previous system implementation was not fit for purpose from a patient safety or system usability perspective. Workshops are now underway with digital and clinical leads across Wales to create a proposal to redesign the system and a decision on the future is expected in September 2025.

Maternity

The implementation of BadgerNet has been completed and was recently represented at the ministerial digital summit. The service is now transitioning into delivery and future integration requirements are being assessed.

There is a risk associated with integration as highlighted below:

Description	Score	Action Plan
No capacity in software development to complete integration work	10	Reviewing prioritisation and requirements being added to Clinical Workstation business case

Other key items within the Acute programme include:

- Tender to be released in June 2025 for new Digital Dictation / Speech Recognition and Ambient Artificial Intelligence solution
- Symphony v3 upgrade to support collection of Welsh Emergency Care Data Set by 31/03/2026
- Dynamic Planning project to replace analytical and modelling functionality previously provided through the Lightfoot platform to tools provided as part of the National Data Resource (NDR)

2. Digital Ward Programme:

Careflow Connect

This is currently being piloted on a frailty ward at Ysbyty Ystrad Fawr to see how the tool can improve care coordination and patient flow. Following pilot an evaluation report will be developed to inform next steps.

Prior to any further deployment the following risk will need to be mitigated:

Description	Score	Action Plan
Lack of integration with the Health Board's Electronic Health Record (EHR)	12	Risk currently being managed through the pilot processes

Digital Health Communications

The Health Board currently has a disparate range of communication solutions in place such as Vocera and traditional paging technology. This project will replace these with a single integration solution using modern cloud technologies. The initial procurement failed to secure a successful replacement, and the procurement requirements are being redrafted to retender for a solution.

The key risk with this project is outlined below:

Description	Score	Action Plan
Implementation of replacement solution before end-of-life contract dates for Vocera and paging solution	12	Close monitoring of procurement and project timescales

Other key items within the Digital Ward programme include:

- Implementation of paediatric forms in Welsh Nursing care Record (WNCR) which is currently awaiting next steps from DHCW
- Implementation of NEWS2 within our electronic observations system

3. ICT Programme

There is a large programme of work associated with ICT developments and new builds and refurbishments across the Health Board. Some of the key work progressed is outlined below:

- Critical Server Refresh programme is progressing well focusing on mitigating cyber security risks
 - 2012-2016 servers remaining now have extended support apart from two building management servers – next stage will focus on the upgrade of these
 - 2016> server upgrades have initiated with five servers currently planned for upgrade
- Wi-Fi remediation at Ysbyty Ystrad Fawr completed
- Mamhilad Data Centre move completed, and site vacated
- Firewall replacements underway (key dependency for Radiology Information Systems Programme (RISP))

There are a number of risks within the ICT programme:

Description	Score	Action Plan
Critical Server Refresh and out of support operating systems	16	Cyber security team have mitigations in place
Network team capacity to support range of projects	15	Additional resources recruited, prioritisation of work, external contractor support
C-Cube upgrade unable to commence due to software development capacity	12	Escalation in place
Windows 11 Upgrade and supportability with Clinical Workstation	12	No resources in software development team, escalation in place

From a capital estates perspective ICT work has been completed for the Satellite Radiotherapy Unit and Discharge Lounge at the Grange University Hospital (GUH). Work is ongoing to support the GUH Emergency Department extension and initial requirements and design work in support of St Woolos and Newport East.

4. Clinical Support Services Programme

There is significant work associated with digital projects within the Clinical Support Services directorate both from a service and digital perspective.

Project	Milestones	Next Step
Laboratory Information Management System 2.0 (LIMS)	New mitigation plan agreed to migrate via a discipline-by-discipline approach and to delay Blood Transfusion	Continue user acceptance testing and configuration Confirm contingency plan beyond December 2025
Blood Transfusion Upgrade	User acceptance testing ongoing, go live revised to September 2025	Complete user acceptance testing and configuration
RISP	Design and integration work progressing, networking and connectivity prerequisites underway	Continuation of configuration and commencement of data migration
Cancer Information System	Go live delayed due to ongoing work with Screening & Colposcopy	Revised go live to be confirmed
Digital Cellular Pathology	Business case approved in principle subject to procurement	NHS Executive to commence procurement activities
Mortuary Digital System	Procurement activities underway	Award of contract and implementation phase

The risks associated with the programme of work associated with the key diagnostic projects are below:

Project	Description	Score	Action Plan
LIMS 2.0	Delays with build and testing puts December 2025 date at risk	16	Escalated to Executive Team and additional resource supported Regular updates to NHS Wales Chief Executive Management Team and Directors of Digital peer group
RISP	Delays with local software development resources putting go live at risk	15	Additional contractor resource secured, prioritisation of workplan Full update being developed for Executive Committee

5. Electronic Prescribing Medicines Administration Programme (ePMA)

Following approval of business case earlier in the year the following key milestones have been met:

- Recruitment completed for all key posts
- Equipment pilots on wards underway
- Governance and Senior Responsible Owner in place
- Readiness activities commenced
- Communications and engagements underway (roadshows completed across several Health Board sites)
- Funding for 2025/2026 confirmed from Welsh Government

The next period will focus on detailed scoping work, agreeing the solution design and completing Wi-Fi assessments to provide assurance of coverage and address coverage gaps.

6. Digital Community Programme

The digital community programme is focusing on two key areas currently.

- Mental Health & Learning Development Electronic Patient Record – procurement is nearing completion with successful supplier to be selected in July 2025
- Service Improvement project associated with the Welsh Community Care Information System (WCCIS) which is delivering Robotic Process Automation solutions and addressing outstanding defects with the system prior to its replacement

There are several risks associated with this programme:

Description	Score	Action Plan
WCCIS end of life from January 2026	25	Focus on implementation of alternative solutions Support provided through best endeavour by the supplier
No current platform to enable data migration	12	Engagement with Welsh Local Government Association who are leading on this activity

from WCCIS to the new solution

7. Digital Patient

This programme is focused on how we can digitally engage with our patients and over the last period Civica experience text messaging has gone live in our emergency department, the replacement contract for video consultations and the new PROMS/PREMS platform called Promptly.

The key developments currently are:

- Digital Patient Communications – additional resources now recruited and project to restart in June 2025 focusing on delivery of digital letters to patients
- Referral & Booking Centre Service Improvement – continue to work with Medicine division of improvements to processes and communication
- MyMR – used to support self-management by patients of prostate cancer and current work is associated with the replacement of the results feed caused by the LIMS 2.0 upgrade

8. Microsoft 365 Transformation

There is an ongoing programme of work to provide solutions making the best use of the Microsoft 365 (M365) ecosystem across the organisation as summarised below.

Programme: M365 Transformation	Portfolio Manager: Kelly Griffiths	RAG: ●	
Progress Update:			
Key Activities	Activities for next Period		
<p>In production</p> <ul style="list-style-type: none"> • Scheduling system for High Surgical Care using Forms and lists • SharePoint List to support Hospice of the Valleys new way of working with CANISC replacement • Acute medicine lists for patients – ward attendees <p>Active Development:</p> <ul style="list-style-type: none"> • Develop system to manage accountability logs for clinical trials electronically • Support to develop a Power Bi dashboard for clinical skills practitioner to analyse data • MH&LD – Digitalising the ward handover sheet • Resuscitation life support courses booking system • Redesigning the Public Health Wales SharePoint hub • Time assessment application – Business Change <p>Active Engagement (Pre-development scoping)</p> <ul style="list-style-type: none"> • Complex inpatient list for MH&LD 	<p>From Backlog and prioritisation for service</p> <ul style="list-style-type: none"> • Conversion of excel spreadsheet to MS List for veterans MDS • Further requirement gathering for register add on to training database <p>Activities by status:</p> <p>2 requests in discovery phase 2 requests are currently backlogged 6 requests in testing before being handed over</p> <p>Training:</p> <ul style="list-style-type: none"> • Tailored training is being developed for Pharmacy services based on digital skills questionnaire. If successful, this model will be rolled out to other services. 		
Escalated Risks & Issues:			
Risk / Issue	Description	Score	Action Plan
Issue	Delays in development due to lack of time to develop and research skills within an ever-changing M365 model	12	Training time and sessions offered to staff
Issue	Resource – Ability to address HALO calls and deliver transformation activities	12	Request for resource

In addition, the Health Board is currently undertaking an implementation of Microsoft Copilot across the operational divisions for circa 46 staff. Devices have been setup, surveys completed, and training and awareness delivered.

9. Benefits management and realisation

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

Whilst benefits are being managed and reported across all projects a recent review of the Maternity system 'Badgernet' implementation has been carried out.

Benefits realised to date are outlined below.

Improved monitoring of patient outcomes & interventions:

- There have been increases in terms of monitoring of: C02 readings being recorded at booking; Identification of mothers with a BMI of over 30; Alcohol usage of 6 or more units at booking; Drug use at booking
- As a result of this increased monitoring, the identification of appropriate interventions can be offered

Improved access to information:

- As a result of having access to the BadgerNet mobile app there has been a 202% increase in the number of views of the Healthier Together website and a 265% increase in the number of active users
- This provides mothers with information about their pregnancy, new baby and what to do if they have concerns

Financial & Sustainability Benefits:

- Sustainability (CO2) benefit - 5,316 paper records were not created – estimated 19.33 tonnes of CO2 saved

There are also several emergent benefits including:

There is an increase in Female Genital Mutilation referrals

- The percentage increase from 2023 (18 cases) to 2024 (27 cases) is 50%

Maternity service in ABUHB are reporting a significant increase in domestic abuse referrals

- 267% increase from November 2022 to August 2023 (3) to November 2023 to August 2024 (11)

Improved follow up appointments with obstetricians for tears

Improvement in partnership working and information with other agencies

Improved ability to provide Welsh risk pool information relating to compliance

Improved access to maternity services via self referral

10. New Digital Service Requests

As well as in flight projects the directorate continue to review and scope out new requests for digital services:

New Digital Service Requests	Active NDSRs 127	New Last 30 Days 7	Closed NDSRs 208	Closed Last 30 Days 8
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Of these 127 active requests Digital Programmes are currently scoping out e-Consent, Imprivata, the removal of Office 2021 licences and Digital Dictation for Mental Health & Learning Disabilities. There is also work ongoing in collaboration with DHCW in relation to developing the NHS Wales App.

11. Other Activities

The directorate are currently refreshing the Digital Transformation Strategy following the completion of the Health Board's 10-year strategy, this will be consulted with the group during the summer before wider socialisation across the Health Board.

Following approval of the Data & Analytical Strategy recruitment is underway for a Head of Data & Analytics which will support the creation of an analytical Centre of Excellence across the organisation and the associated delivery of the ambition outlined in the strategy.

The Clinical Workstation (CWS) used across the Health Board is now 30 years old and over the last 18 months the directorate has been working on a Strategic Outline Case (SOC) for the future of an Electronic Health Record for the organisation. Following completion of the SOC a technical assessment has been undertaken on developments needed to stabilise and develop CWS in the interim whilst Welsh Government undertake a national review into the future approach of a national EHR. This technical assessment was recently presented to the Executive Committee with agreement reached to develop a business case to support the development of CWS over the next 3 years to address current risks and priority developments.

Argymhelliad / Recommendation

The Finance and performance committee is asked to note the update from the Digital, Data & Technology Group.

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):	3.4 Information Governance and Communications Technology 4.2 Patient Information 6.2 Peoples Rights 7.1 Workforce

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CWS – Clinical Workstation DDaT – Digital Data and Technology DHCW – Digital Health & Care Wales EHR – Electronic Health Record ePMA – Electronic Prescribing & Medicines Administration GUH – Grange University Hospital LIMS – Laboratory Information Management System NDR – National Data Resource RISP – Radiology Information Systems Procurement SOC – Strategic Outline Case WCCIS – Welsh Community Care Information System WNCR – Welsh Nursing Care Record
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	Not Applicable
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable

<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Not Applicable
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Information Performance Report (Quarter 3 and 4 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 3 and 4 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 Quarters 3 and 4 of 2024/25, the Health Board received a total of:

- 340 requests under the Act (+7 compared to Q1 & Q2);
- 336 enquiries from Members of the Senedd and Parliament (+72 compared to Q1 & Q2).

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 3 and 4, the Health Board responded to 96% of the requests in each of the quarters 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 2 and 3, the Health Board responded to 71% and 80% of the requests, respectively, within 20 working days.

We have now fully implemented a purpose-built case management system for the handling of MS/MP enquiries and anticipate further improvement in this performance for 2025/26.

During the reporting period the Corporate Information team responded to 676 requests for information and enquiries under two separate processes. A full performance report for Quarter 3 and 4 of 2024/25 on the processes coordinated by Corporate Information is appended as Appendix 1 of this paper.

At its meeting of 17 February 2025, the Committee requested that this month's report includes:

- Detail on the performance of other Health Boards to provide an indicative benchmark; and
- A performance trend for ongoing monitoring.

The performance of all Health Boards in handling Freedom of Information requests is not routinely available within the public therefore, we have provided an average performance of the 5 Health Boards that we hold performance figures for. The average performance of the 5 Health Boards for Quarters 3 and 4 was 89% and 92%, respectively. The average number of requests received of the 5 Health Board for Quarters 3 and 4 was 149 and 157, respectively.

A performance trend for this Health Board's Freedom of Information Act compliance is included on page 3 of appendix 1.

Health Boards' performance in handling enquiries from Members of the Senedd and Parliament is not available in the public and it has not been possible to receive substantial information in order to inform this report; it is therefore not possible to provide benchmarking information for this process.

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 3 and 4 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 Strategic Equality Objectives 2020-24	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:	
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	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 (Quarters 3 and 4 – 2024/25)

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 3 and 4 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.

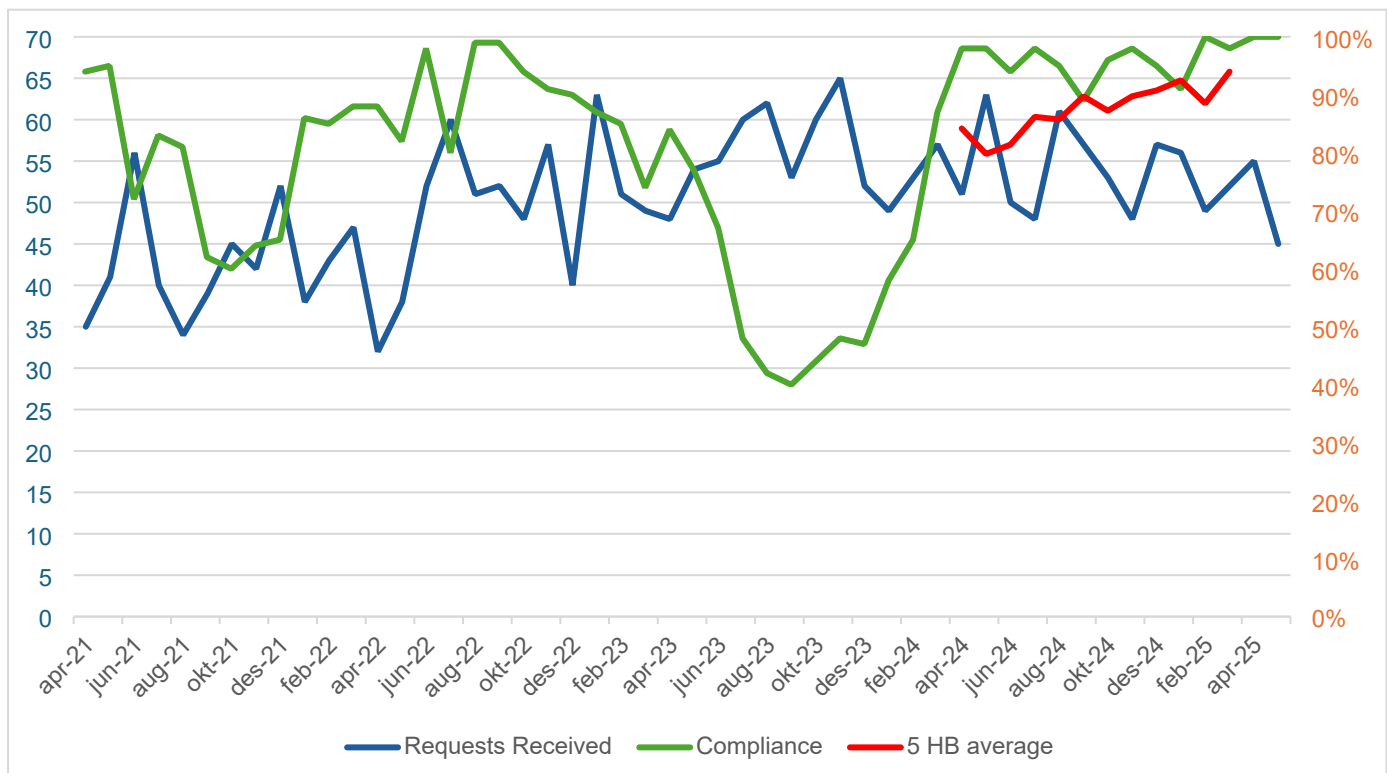
As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the FOIA in line with part 8.5 of the [section 45 code of practice](#).

This report therefore provides the Quarter 3 and 4 position for requests for information received by Aneurin Bevan University Health Board. The period concerns 1 October 2024 to 31 March 2025.

Requests Handled

	Financial year 2024-2025					
	Quarter 3			Quarter 4		
	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Total number of FOI requests received	57	66	48	62	50	57
Number of FOI requests due for response	53	48	58	56	49	52
Requests processed in 20 working days	51	47	55	51	49	51
Monthly Performance	96%	98%	95%	91%	100%	98%
Quarterly Performance	96%			96%		
Information provided in full	28	32	28	30	24	28
Information partially provided (partially exempt)	15	7	11	8	10	12
Information refused in full (fully exempt)	11	4	4	5	3	1
Information not held	4	5	3	2	2	2
Request withdrawn / rejected	3	1	4	5	3	6
Number of internal review requests due for response	0	2	0	0	1	1
Internal review requests processed in 20 working days	0	2	0	0	1	1
Monthly internal review compliance	-	100%	-	-	100%	100%
ICO Complaints received	0	0	1	0	1	0
ICO Complaints upheld	0	0	0	0	1	0

Freedom of Information Act compliance trend



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 3	Quarter 4
Section 12 – Cost of compliance exceeds appropriate limit	39	19
Section 14(2) – repeat request	1	1
Section 21 - Information accessible by other means	6	8
Section 22 - Information Intended for Future Publication	1	1
Section 31- Law Enforcement (cyber-crime)	1	1
Section 40(2) - Personal Information	4	7
Section 43 - Commercial Interest	2	5

Requests by Handling Division

	2024/25	
Division	Quarter 3	Quarter 4
Clinical Support Services	13	9
Complex Care/ CHC	5	5
Corporate	67	56
Family and Therapies	17	15
Workforce*	30	34
Medicine	17	18
Mental Health and Learning Disabilities	9	7
Primary Care	18	5
Surgery	14	31
Urgent Care	6	8

* 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 and other elected Members

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 have regular contact with the general public through council meetings, telephone calls, emails or surgeries where local people can 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 3			Quarter 4		
	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Total enquiries received	69	64	43	46	62	52
Average number of working days to respond	13	11	16	24	12	11
Percentage responded to in 20 working days*	65%	77%	71%	65%	82%	93%
Quarterly Performance (days to respond)	71%			80%		

* *Local target*

MS/MP Enquiries by Handling Division

	Quarter 3			Quarter 4		
	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
CHC/ Complex Care	4	2	1	2	2	1
Family and Therapies	5	2	3	2	5	3
Corporate Teams	7	7	3	5	3	3
Mental Health and Learning Disabilities	8	5	4	2	3	2
Primary Care	19	16	17	14	30	20
Putting Things Right	3	7	2	1	0	3
Surgery	15	15	7	10	10	10
Urgent Care	4	2	2	1	5	2
Medicine	3	6	4	8	1	3
Clinical Support Services	1	2	0	1	3	4

MS/MP Enquiry Top Themes

Emerging Theme	Details	Number of queries in Q3 & 4
Access to Primary Care and Community services	These inquiries reflect challenges in accessing primary care and community services. Frequent mentions of appointment availability, service quality, prescription issues or patient experience.	91
Waiting times	These enquiries reflect concerns about waiting times, access to treatment, and the availability of mental health services.	62
Complaints	Complaints about Putting Things Right, handling of complaints, time taken to investigate or respond, delays in processing information and concerns regarding general correspondence (e.g. appointment letters).	25
Administrative Delays	These enquiries concern delays in administrative processes such as death certificates and Subject Access Requests and	14
Chasing diagnostic results	These enquiries concern patients who are chasing a delayed test result.	8

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – April 2025 (2025/26 Month 01)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of April 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30th April 2025,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

The month 1 monitoring returns reported to Welsh Government are included as an appendix with a system link.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 30th April 2025 (Month 01) for the financial year 2025/26.

The 2025/26 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Apr-25
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	2,542	2,542	(0)	
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 £32,167	2,340 7.3%	2,340 7.3%	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)	%	96.5%	96.5%	>95%	

Performance against requirements 23/24		22/23	23/24	24/25	3 Year Aggregate (22/23 to 24/25)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	36,842	49,754	7,185	93,781
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(43)	(41)	(66)	(150)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

Year-end forecast is highlighted as Amber (rather than green) due to the level of risk remaining in the plan & savings yet to be identified and the divergence from plan in month 1 already requiring additional mitigating actions

At Month 01, the reported forecast revenue position and the reported capital position is break-even. There are risks in achieving the reported forecasts.

The year-to-date budget performance at month 1 is a deficit of £2.542m. This position is £0.8m worse compared to the Plan month 1 profile for 2025/26. This is due to winter wards remaining open beyond plan and high cost drugs spend (haematology), the Health Board expects to mitigate these costs in future months. The forecast position remains in line with the submitted IMTP as break-even for 2025/26.

Cefndir / Background

The Board approved 2025/26 IMTP financial plan clearly stated it was ambitious with a high delivery risk to achieve financial balance. There remains significant risk with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The Board approved financial plan presented an underlying opening financial deficit for the 2025/26 financial year of £27m with the closing position is estimated to be a deficit of £14m.

Savings of £40m are required to deliver financial balance.

Asesiad / Assessment

• Revenue Performance

The plan financial forecast submitted following Board approval in March 2025 was a non recurrent break-even position for 2025/26.

The Health Board will keep track against the components of the plan. In month 1 issues to note outside of the plan are:

- Winter wards remained open leading to a cost pressure in PCCS & Medicine (£0.7m),
- The trend seen by Surgery towards the end of 2024/25 of increased spend on acute drugs especially Haematology continued (£0.5m) and
- There were Executive decisions of:
 - Surgery robot – expansion to colorectal (£0.1m)
 - Repurposing of transfer lounge (£0.3m), where the Business case quoted nil financial impact – this is being reviewed.
- Additional mitigating actions assumed to offset these costs in order to maintain the break-even forecast.
- Identification of savings to de-risk the opportunities to be found.

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

	Plan submission	Monthly reported position
Category	March	Mth 1
Underlying deficit b/f (£m)	27.1	27.1
Cost pressures identified (£m)	40.9	40.9
WG discretionary funding (£m)	(27.6)	(27.6)
Identified savings (£m)	(15.7)	(18.4)
Opportunities with line of sight (£m)	(10.3)	(7.6)
Pipeline opportunities & stretch to break-even (£m)	(14.4)	(14.4)
Sub-total deficit (£m)	(0.0)	(0.0)
Winter Wards remaining open April (PCCS & Medicine)		0.7
Acute care drugs (ie Surgery - Haematology)		0.5
Exec Decisions		0.4
Assumed mitigating actions (not yet identified) for in year cost pressures		(1.7)
Total deficit	(0.0)	(0.0)

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

	Annual budget	YTD Reported Variance	Full-year Forecast at M01	Plan	Variance to Plan
	£000s	£000s	£000s	£000s	£000s
Operational Divisions:-					
Primary Care and Community	306,207	1,204	11,981	11,561	420
Prescribing	116,139	960	10,980	10,217	764
Community CHC & FNC	69,110	443	5,343	5,539	(195)
Mental Health & Learning Disabilities	145,975	935	8,172	5,154	3,018
Total Primary Care, Community and Me	637,431	3,543	36,477	32,470	4,007
Surgery	146,574	1,661	12,063	5,864	6,198
Clinical Support Services	132,351	183	3,897	5,413	(1,517)
Medicine	170,605	670	6,908	6,088	820
Urgent Care	40,715	162	2,000	1,747	253
Family & Therapies	142,402	915	8,842	5,817	3,025
Estates and Facilities	97,056	(201)	944	(309)	1,252
Chief Operating Officer	10,592	(132)	(1,728)	(1,792)	64
Total Chief Operating Officer	740,296	3,259	32,926	22,830	10,097
Total Corporate Divisions	97,694	(38)	4,147	1,818	2,329
Total Specialist Services	183,654	726	8,709	8,709	0
Total External Contracts	108,149	318	3,816	3,817	(1)
Total Capital Charges	48,289	(0)	0	0	0
Total Delegated Position	1,815,513	7,808	86,075	69,643	16,432
Total Reserves	65,933	(5,266)	(86,075)	(69,643)	(16,432)
Total Income	(1,881,447)	(0)	0	0	0
Total Reported Position	0	2,542	(0)	0	(0)

Note: Reserves include confirmed and anticipated funding and assumed delivery of savings to fully mitigate the spend forecast.

Summary of key operational points for Month 01

Key points to note for month 01 include:

- Expenditure within the Health Board for total pay was £72.5m. This is a decrease of £2.4m compared to March due to March including a provision for the GP Out-of-hours annual leave (£1.8m), and significantly higher variable pay experienced in March for reasons included in the month 12 report. Variable pay for month 1 was £5.7m.
- Non-pay expenditure (excluding capital adjustments) was £92.8m, a reduction of £11.8m compared to March. The reduction in spend reflects significantly higher spend in March for reasons included in the month 12 commentary in particular GP IT refresh programme for GMS, Pharmacy Contract sustainability payment, Regional Partnership Board payments,

Prescribing and Primary Care Optometry. Total non-pay expenditure for April was consistent with January & February 2025.

- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children is broadly in line with plan.
- Prescribing costs are currently in line with plan with a forecast growth rate of 1.3% and an average item price for the year of £7.71 (March PAR remains outstanding).
- On-going acute secondary care high-cost drugs & NICE drugs (in particular Haematology £0.3m) growth in usage continue to be a pressure and will be monitored and managed/mitigated appropriately. The National V&SB procurement and Medicines Management savings opportunities will be reviewed throughout the year and actions progressed to deliver any opportunities outside of the financial plan.
- Winter pressure wards continued into April (£0.5m).
- The savings achieved are £1.2m against the plan of £1.2m, with a full year forecast of £40.4m, albeit this is inherently risky.
- Demand pressures for elective, urgent and whole system care across all services remains above the pre-pandemic levels. There were 176 in-patients fit for discharge at the data capture point in April (171 in March). These are reported as 29 Health delays, 48 Social care delays and 99 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

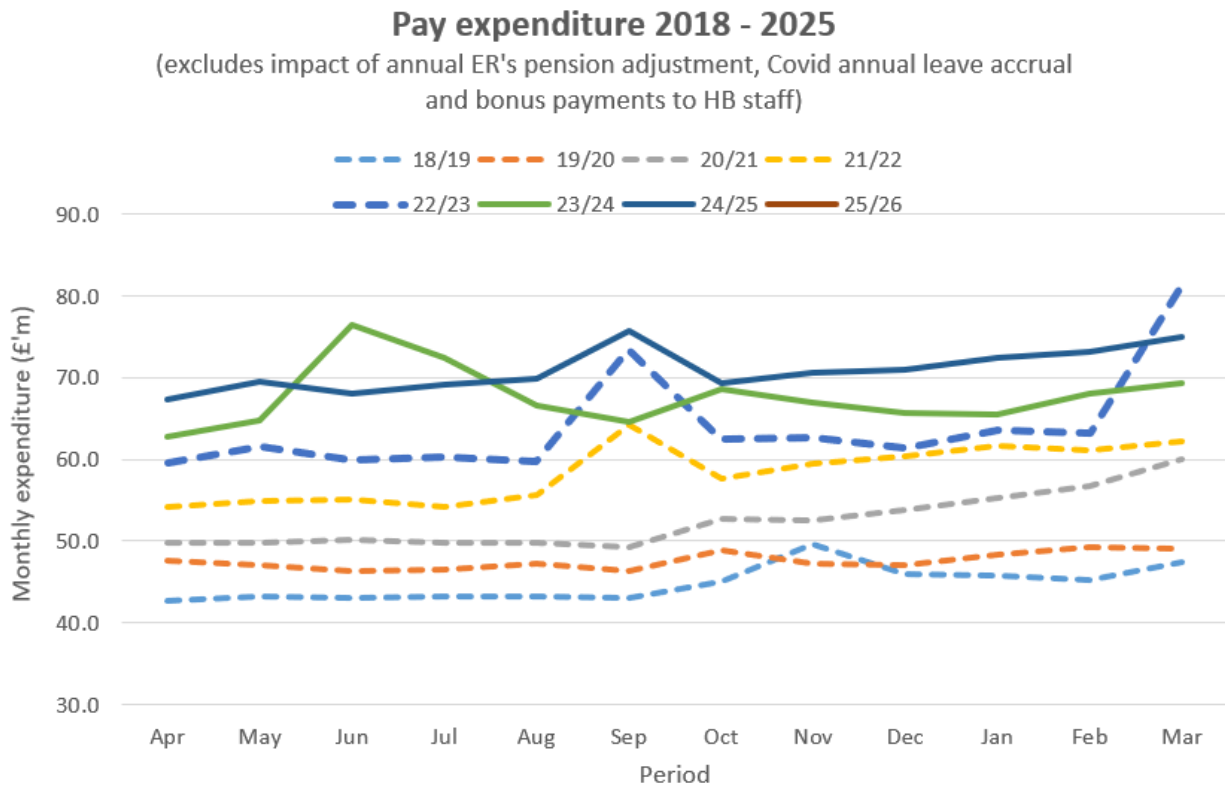
Awaiting completion of assessment by social worker	10%
Awaiting joint assessment	7%
Awaiting start of new home care package	9%
Awaiting reablement community care package	6%
Patient /family disputing and/or delaying to move to any stage of care / next stage of discharge	6%

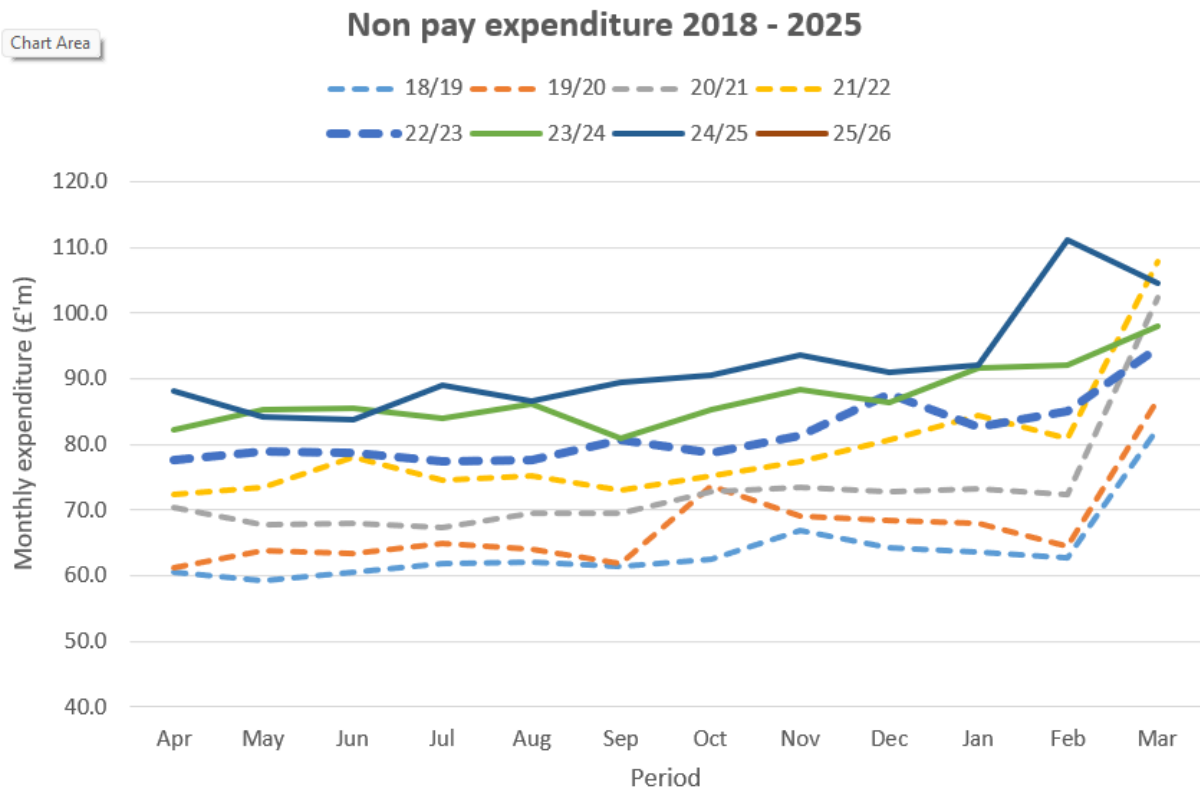
The data reflects the validated *Pathways of Care Delays* reported to Welsh Government.

- The estimated cost for the year of continued blocked bed days for all reasons is c.£12.8m using a £200 cost per bed day (based on the number of in-patients for April). 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 further 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.

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 deliver a break-even position in future financial years.





Workforce

The Health Board spent £72.5m in April on workforce.

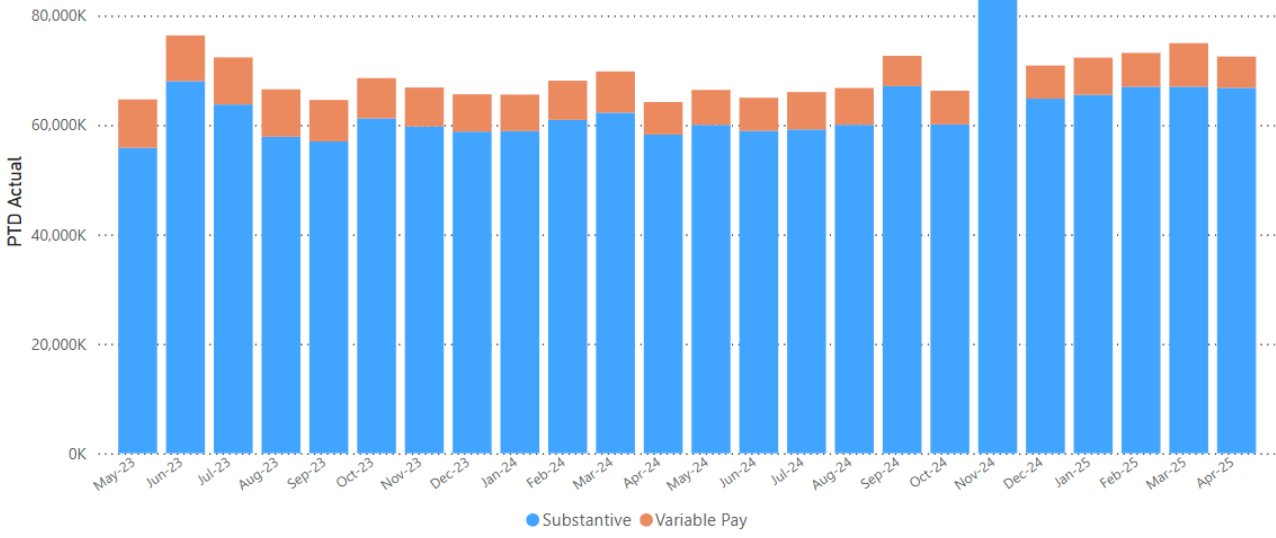
Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	72.5	75	72.5
Substantive Pay	66.8	67	66.8
Variable Pay	5.7	8	5.7

Operational pressures including Enhanced Care, 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. Real Terms Total workforce cost reduction will be the key indicator.

Workforce expenditure trends are 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).

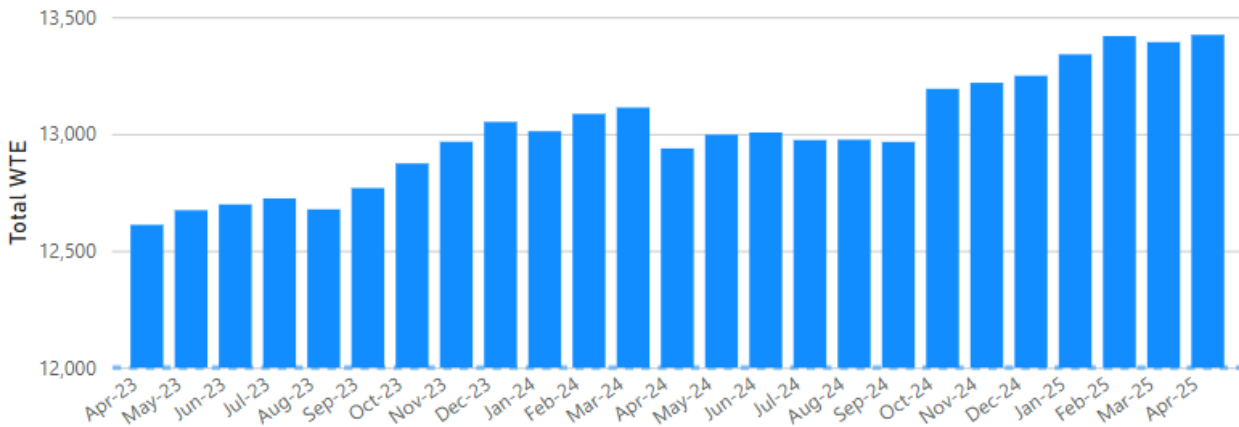
24 month pay spend analysis (£'000)



Substantive staff

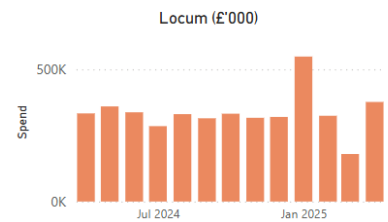
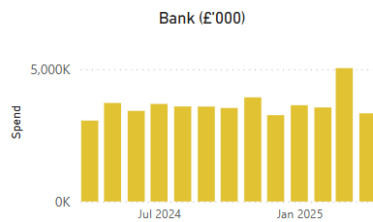
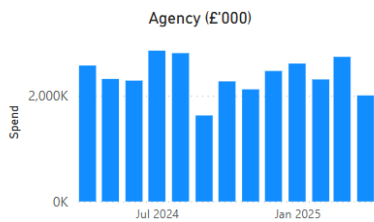
Substantive pay was £66.8m in April, a reduction of £0.2m compared with March. Substantive WTE's were 13,447 compared with 13,393 for March.

Substantive WTE



Variable pay

Variable pay (Agency, Bank and Locum) was £5.7m in April compared with £8m in March a £2.3m reduction. The reduction in variable pay is reflective of the reduced provisions for agency staff and a coding correction in March and a reduction of some of winter actions most notably affecting RN and HCSW bank usage.



Variable Costs	Pay	Current month £m	Previous Month £m	Year to Date £m
Agency - Nursing		0.6	0.9	0.6
Agency – Medical & Dental		0.9	1.1	0.9
Agency - HCSW		0.1	0.2	0.1
Agency - Estates		0.1	0.1	0.1
Bank		3.3	5	3.3
Locums		0.4	0.2	0.4

Enhanced Care for April 2025 £0.9m 'notional calculated' expenditure using bank and agency registered nurses and health care support workers (11% of medicine division bed cover).

Nursing vacancy cover for bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The April 2025 variable pay relating to vacancies is c.£1.2m ('notional calculated' expenditure) for c. 46,000 hours worked.

Nursing sickness cover for bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The April 2025 variable pay relating to sickness is c.£0.76m ('notional calculated' expenditure) for c.32,000 hours worked.

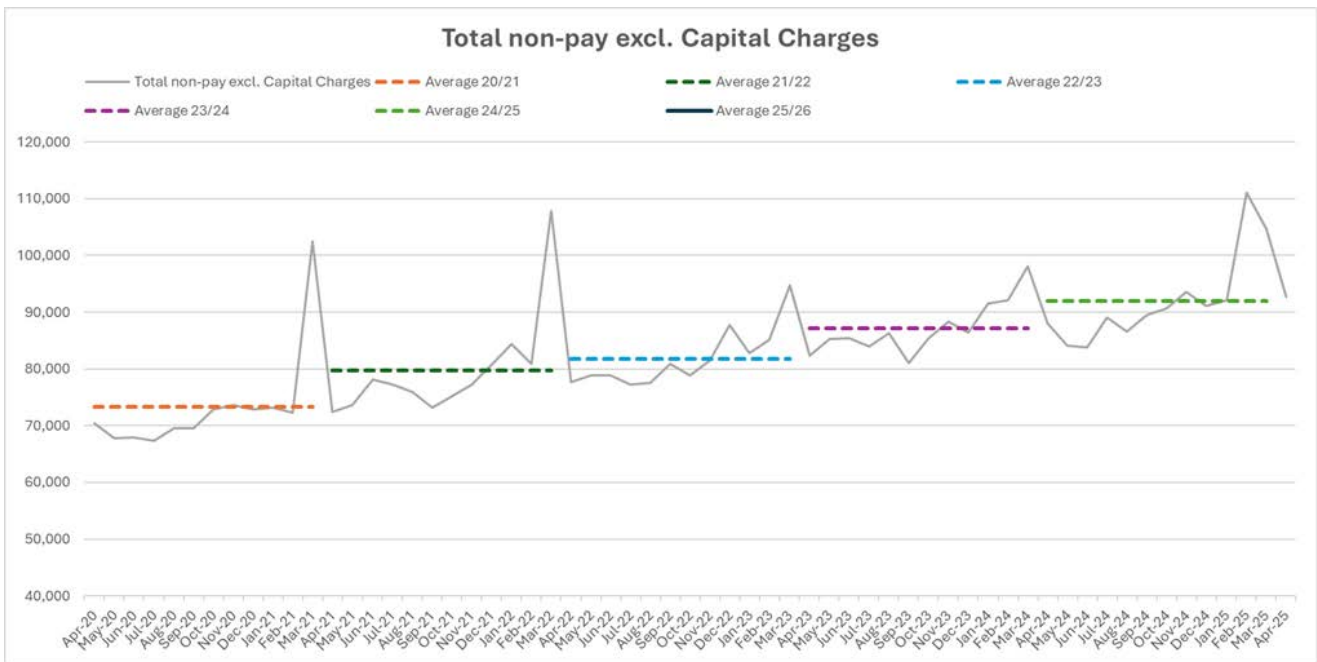
Non-Pay

Spend (excluding capital) was £92.8m in April, which is a decrease of £11.8m compared with March. The decrease is due to significant year end payments made in March related to

- GMS IT refresh costs for 24/25 (£2m)
- Dental contract pay settlement for 24/25 (£2.1m)
- Prescribing (£0.8m)

- Regional Partnership Board payments (£4m)
- Other year-end adjustments and finalisation of 24/25 agreements

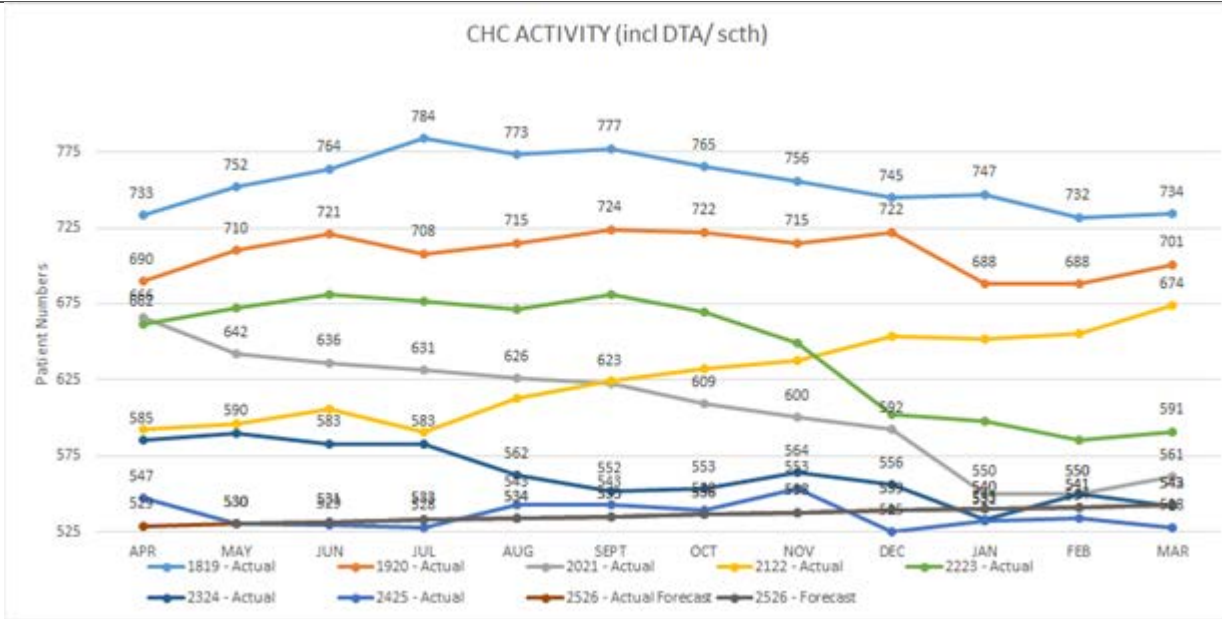
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The Health Board spent £11.7m on CHC in April compared with £10.5m in March, this is reflective of the inflationary uplift agreed for 25/26 and is broadly aligned with the IMTP plan.

Adult Complex Care CHC activity over the last 8 financial years is summarised in the chart below: -



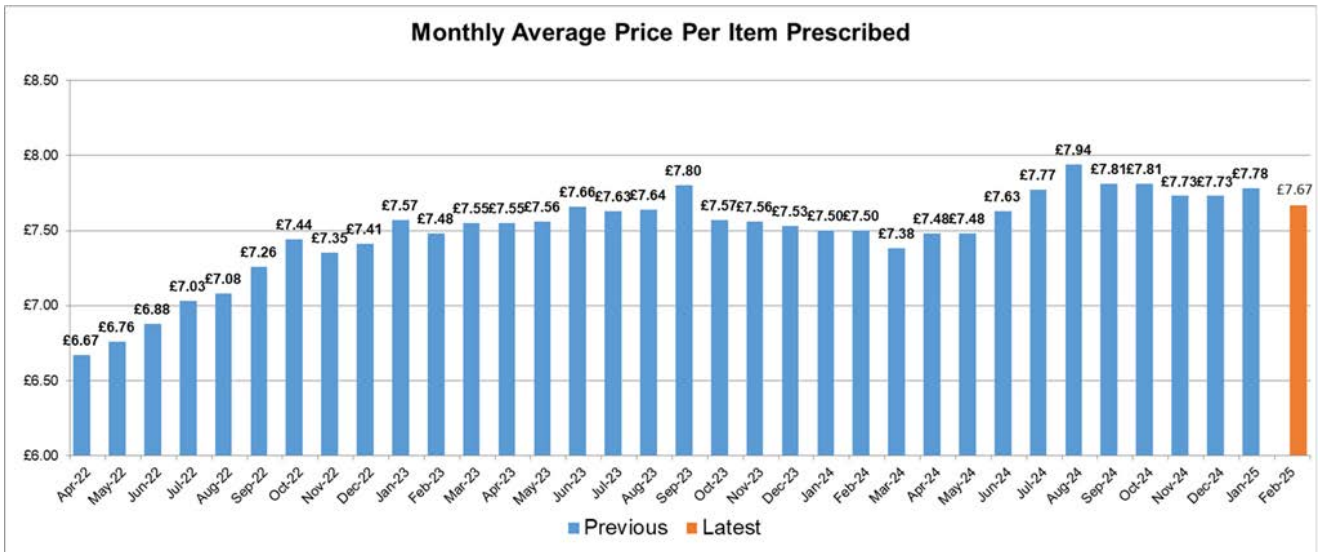
Childrens packages are more volatile and may present a risk in 2025/26 above plan assumptions.

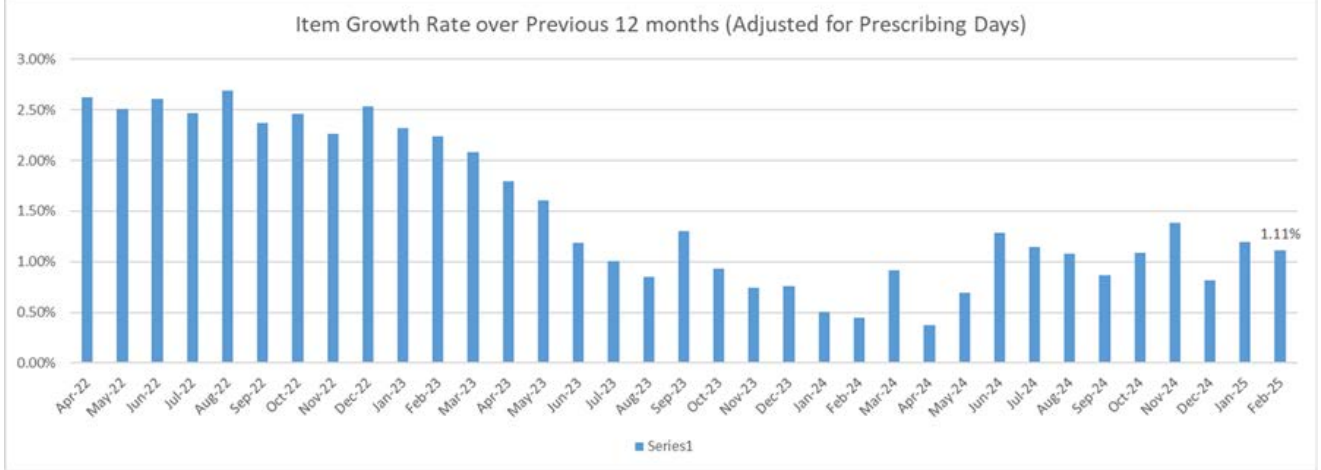
Prescribing

Primary Care prescribing spend for April is estimated to be £10.6m compared with March at £11.3m.

Prescribing costs are currently in line with Plan with a forecast growth rate of 1.3% and an average item price for the year of £7.71.

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





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.

It has been agreed that budget delegation will be completed in two stages for 25/26. Phase 1 was the rollover budgets and phase 2 will be delegation of any reserves and apportionment of savings targets to reduce spend. The exercise to agree delegations for phase 2 are in progress.

At month 1 the Health Board holds reserves of £65.9m

A summary of all Health Board reserves on 30th April can be found in the appendices.

Long Term Agreements (LTA's)

The Health Board is finalising the agreements with all Welsh providers & commissioners, no disputes are anticipated.

The Health Board has received some baselines from the English providers and as these will be paid on PBR terms no disputes are anticipated.

There are, however, risks in year of overperformance (England & C&VUHB) and non-achievement of savings (JCC).

The Health Board fully expects to have signed agreements with all Providers & Commissioners in line with the deadline for 2025/26.

Underlying Financial Position (ULP)

The Underlying (U/L) position brought forward into 2025/26 was a deficit of £27.2m with a forecast carry forward deficit into 2026/27 of £14m. This is per the plan submitted on the 31st March 2025.

The underlying deficit position has been reviewed as part of the IMTP process for 2025/26 which can be summarised as below:

2025/26 Opening underlying position	24/25 Plan £m	25/26 movement £m	25/26 opening plan £m
Workforce & Variable Pay	2	3.9	5.9
CHC	2.6	1	3.6
Medicines management	4.8	5	9.8
JCC specialised services	5	2.8	7.8
Total	14.4	12.7	27.2

25/26 Underlying Position	£m
Non Recurrent income	1.1
Non Recurrent spend, savings and mitigations	15.1
Full year effect of Savings	-6.0
Full Year effect of Spending	16.9
Total	27.2

This has resulted in a starting underlying position for 2025/26 of £27.2m

The elements and cost drivers making up the underlying deficit are under regular review to ensure actions to address the growth/pressure are being progressed.

As part of internal Divisional assurance, specific Divisional financial performance meetings and Executive Committee meetings; the elements and cost drivers making up the underlying deficit are under regular review to ensure an up-to-date picture and to review actions to address the growth/pressure.

Savings delivery

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific Divisional schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following the submission of the plan further savings schemes have been identified of £2.7m, this has enabled an equivalent reduction in the Health Board level savings opportunities. For month 1 reporting, £18.4m of savings listed on the Savings Tracker are specific schemes, £7.6m are identified opportunities pending formulation of specific divisional schemes (grouped by V&SB category on the tracker), and £14.4m remain as Red Pipeline opportunities outside of the savings tracker. The points of the improvement in the identified savings schemes is Medicines reduced expectation of utilising Budisimide (£1.5m), CSS reduced purchases in 2025/26 (£0.4m) and Estates & Facilities (£0.4m) for savings related to the lease buy out of the discharge lounge portacabin.

As at month 1, the savings achieved are £1.2m against the plan of £1.2m, with a full year forecast of £40.4m. The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

Actual savings delivered to date for 2025/26 are £1.2m.

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

Savings YTD and forecast position (£'000)

Division_CorpReduced	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£173	£160	-£13	£1,483	£45	103.1%
Complex Care	1.9%	£781	£19	£19	£0	£781	£0	100.0%
Corporate	6.1%	£2,471	£224	£224	£0	£2,471	£0	100.0%
Estates and Facilities	7.4%	£3,000	£251	£251	£0	£3,000	£0	100.0%
Families and Therapies	1.7%	£682	£35	£35	£0	£682	£0	100.0%
Medicine	5.6%	£2,250	£276	£276	-£0	£2,250	£0	100.0%
Mental Health and Learning Disabilities	2.3%	£946	£29	£17	-£12	£946	£0	100.0%
Prescribing	5.6%	£2,252	£73	£73	£0	£2,252	£0	100.0%
Primary Care and Community	4.0%	£1,614	£30	£27	-£3	£1,614	-£0	100.0%
Surgery	6.1%	£2,448	£149	£128	-£21	£2,427	-£21	99.1%
Urgent Care	1.3%	£539	£2	£2	£0	£539	£0	100.0%
Various	54.4%	£21,980	£0	£0	£0	£21,956	-£24	99.9%
Total	100.0%	£40,400	£1,261	£1,211	-£50	£40,400	-£0	100.0%

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	63	£731	£713	-£18	£20,587	£20,602	£15
Workforce	46	£169	£156	-£13	£10,750	£10,765	£15
Medicines Management	17	£185	£167	-£18	£4,520	£4,502	-£18
CHC	8	£36	£36	£0	£2,563	£2,563	£0
Service redesign	2	£140	£140	£0	£1,980	£1,968	-£12
Total	136	£1,261	£1,211	-£50	£40,400	£40,400	£0

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:

Opportunities

The ABUHB Value & Sustainability Board and relevant Divisions / Departments are actively engaged in identification of opportunities to deliver financial balance for ABUHB.

The £40m savings assumed above include identifying further opportunities & developing them to implementation to achieve the aims fo the 25/26 IMTP.

Risks

- Receipt of anticipated income
- Prescribing and high-cost drugs growth &/or prices above plan
- CHC volatility
- Delivery of savings plans including mitigating actions against operational pressures
- Delayed transfers of care due to LA service challenges,
- Impact on service delivery and performance on waiting times because of savings required,
- Potential HSE fine,
- Establishment increases relating to patient safety issues,

- Inflationary impacts including provisions and supplies,
- Additional operational and service pressures outside of the annual plan.

Capital

The approved Capital Resource Limit (CRL) as at Month 1 totalled £32.167m. The forecast outturn at Month 1 is breakeven.

The NHH Satellite Radiotherapy scheme is nearing completion with handover from the contractor expected to be May 2025. The final account will now be agreed with the contractor.

Works on the Grange University Hospital Emergency Department Extension are continuing, with an allocation of £2.665m confirmed for 2025/26 to cover slippage on the scheme. The anticipated completion of Phase 1 is now 18th July 2025 with Phase 2 estimated to be 10th October 2025. The scheme is currently forecast to be £241k overspent which is being funded via the Discretionary Capital Programme (DCP).

Orders have been placed for the 2nd MRI machine for Grange University Hospital. The new equipment is expected to be operational by August 2025.

A delay of approximately 8 weeks has been notified in relation to the Centralised Decontamination Unit at RGH scheme. The steelwork order has been delayed whilst awaiting final confirmation of the mechanical design. The works are anticipated to be complete in February 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m). The Backlog Maintenance slippage allocation totalling £2.017m relates to St Cadoc's duct works and lift replacements at Nevill Hall Hospital. Orders have been placed with suppliers for both schemes and they are expected to complete during 2025/26.

Targeted Estates Funding (TEF) totalling £9.510m has been confirmed for 2025/26 during April. The DCP is funding 30% of the scheme equating to a contribution of £2.854m. As part of the programme an additional £8.336m has also been confirmed for 2026/27. A programme of works is being urgently progressed to ensure delivery within the financial year.

Additional funding totalling £1.622m has also been received in month from the Digital Priorities Investment Fund in relation to Electronic Prescribing and Medicines Administration (ePMA).

The Health Board Discretionary Capital Programme (DCP) funding for 2025/26 is £6.786m at Month 1 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.854m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)

The Health Board agreed an opening DCP programme in March 2025 totalling £5.760m, which contained an unallocated contingency of £0.696m. The

unallocated contingency at the end of Month 1 has increased to £1.092m. The main reasons for the increase relate to a reduction in the 2025/26 TEF contribution of £0.909m (as agreed funding was lower than the initial bid submitted), offset by additional slippage across DCP and AWCP schemes totalling £0.562m that will now be funded from the 2025/26 DCP.

Cash

The cash balance at the 30th April is £4.760m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in April.

There has been a decrease in the number of NHS invoices paid within 30 days this month, resulting in a failure to achieve the target. This is attributable to the volume of invoices received as part of the Month 12 agreement of balances process.

Category	Invoices	In Mth %	YTD %
NHS	Value	92.8	92.8
	Number	94.1	94.1
Non NHS	Value	96.6	96.6
	Number	96.5	96.5

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of April 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30th April 2025,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.



Board Finance
Report appendic...

April 2025 Monthly Monitoring Return:

[Key Documents - Aneurin Bevan University Health Board](#)

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change

AME – (WG) Annually Managed Expenditure
 AQF – Annual Quality Framework
 AWCP – All Wales Capital Programme
 AP – Accounts Payable
 AOF – Annual Operating Framework
 ATMP – Advanced Therapeutic Medicinal Products
 B/F – Brought Forward
 BH – Bank Holiday
 C&V – Cardiff and Vale
 CAMHS – Child & Adolescent Mental Health Services
 C/F – Carried Forward
 CHC – Continuing Health Care
 Commissioned Services – Services purchased external to ABUHB both within and outside Wales
 COTE – Care of the Elderly
 CRL – Capital Resource Limit
 Category M – category of drugs
 CEO – Chief Executive Officer
 CEAU – Children’s Emergency Assessment Unit
 CTM – Cwm Taf Morgannwg
 D&C – Demand & Capacity
 DCP – Discretionary Capital Programme
 DHR – Digital Health Record
 DNA – Did Not Attend
 DOSA – Day of Surgery Admission
 D2A – Discharge to Assess
 DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner

GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK – Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC – Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital

	<p>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</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Finance & Performance Committee</p>

Effaith: (rhaid cwblhau)
Impact: (must be completed)

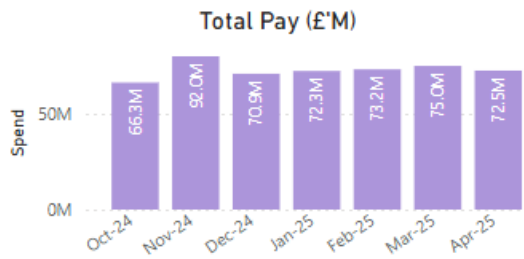
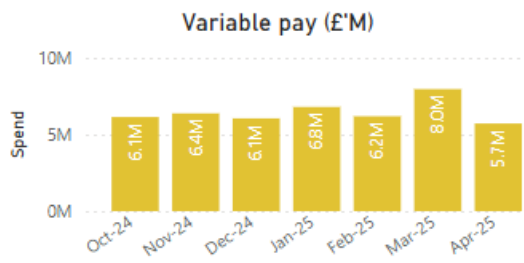
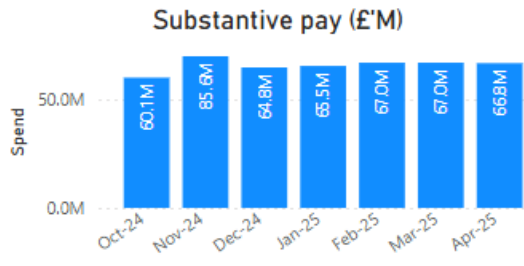
Is EIA Required and included with this paper

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

Aneurin Bevan University Health Board
Finance Report – April (Month 01) 2025/26
Appendices

Section
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
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RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis – waiting on Med to expand £3.9m, inserted what was received in MI Packs
Reserves
Cash / Public Sector Payment Policy
External Contracts – LTA's
Joint Commissioning Committee (formerly WHSSC & EASC)
Balance sheet
Health Board Income – Other income
Capital Planning & Performance

Pay Summary (1) (excluding 6.7% Pension employer costs paid in March of each year):



Substantive (£'000)

Pay category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,310	3,323	2,549	2,702	2,611	2,591	2,644	53	2.1%	2,513
ADDITIONAL CLINICAL SERVICES	7,990	10,637	8,425	8,290	8,984	8,419	8,684	265	3.1%	8,438
ADMINISTRATIVE & CLERICAL	9,546	13,353	10,023	10,346	10,171	10,114	10,722	608	6.0%	10,110
ALLIED HEALTH PROFESSIONALS	4,118	5,978	4,477	4,462	4,473	4,348	4,501	154	3.5%	4,361
ESTATES AND ANCILLIARY	3,082	3,870	3,173	3,139	3,467	3,253	3,387	135	4.1%	3,208
HEALTHCARE SCIENTISTS	1,184	1,702	1,257	1,338	1,269	1,187	1,266	79	6.6%	1,236
MEDICAL AND DENTAL	14,744	22,124	16,552	16,876	16,789	18,635	16,729	-1,906	-10.2%	16,548
NURSING AND MIDWIFERY REGISTERED	17,153	24,657	18,361	18,370	19,233	18,460	18,869	409	2.2%	18,058
STUDENTS	2	2	2	2	2	2	2	0	0.9%	2
Total	60,129	85,646	64,819	65,526	66,999	67,008	66,804	-205	-0.3%	64,476

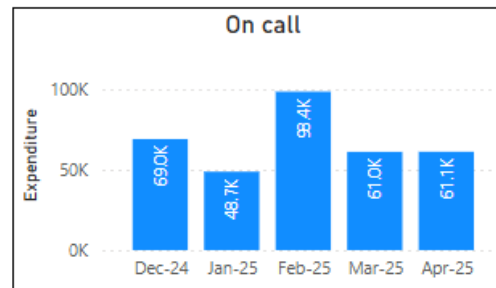
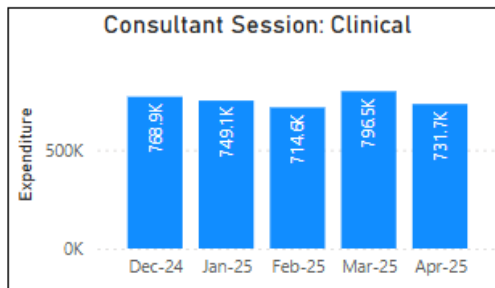
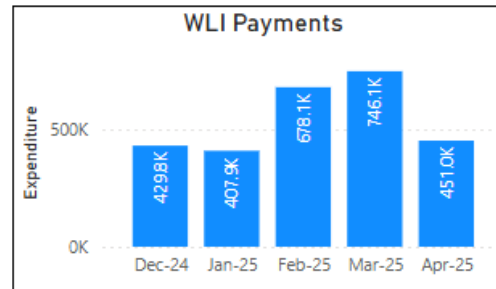
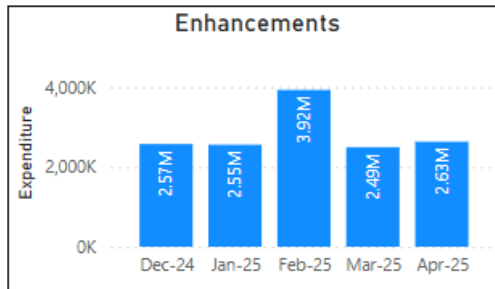
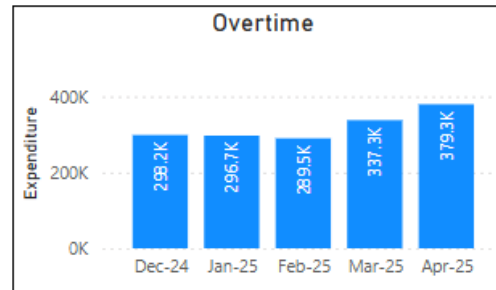
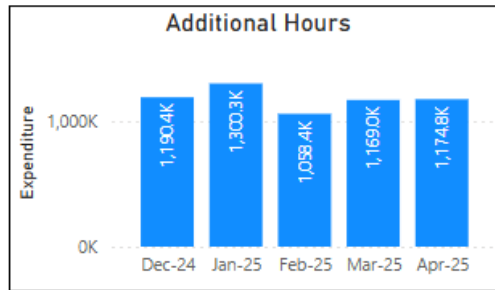
Variable pay (£'000)

Pay category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Change	%	Avg 24/25
Agency	2,271	2,121	2,468	2,609	2,308	2,735	2,005	-730	-26.7%	2,414
Bank	3,537	3,939	3,265	3,641	3,557	5,044	3,336	-1,709	-33.9%	3,673
Locum	332	317	320	548	324	180	376	197	109.6%	332
Total	6,140	6,377	6,053	6,798	6,189	7,959	5,718	-2,242	-28.2%	6,419

Total pay (£'000)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Change	%	Avg 24/25
Pay	66,269	92,023	70,872	72,324	73,189	74,968	72,521	-2,446	-3.3%	70,895

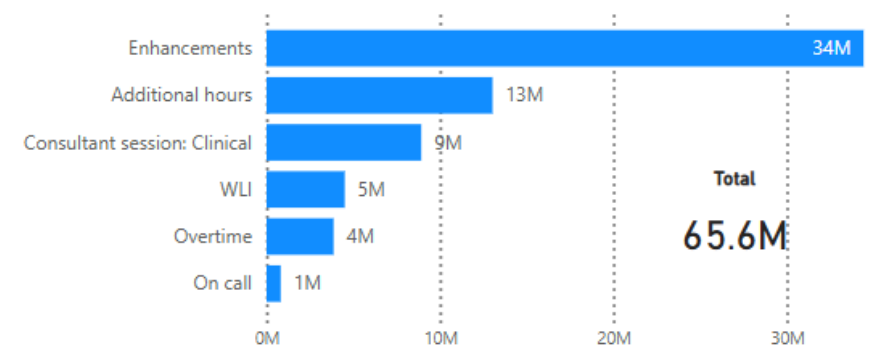
Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

Division	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Total
Medicine	1,278	1,286	1,518	1,289	1,352	6,723
Surgery	934	964	1,143	1,124	981	5,146
Clinical Support Services	755	791	976	895	739	4,156
Family and Therapies	596	583	720	537	568	3,004
Urgent Care	456	442	541	440	436	2,316
Primary Care and Community	409	411	592	413	447	2,272
Estates and Facilities Division	388	388	553	384	412	2,125
Mental Health and LD	339	341	476	352	315	1,824
CHC and FNC	114	107	155	108	117	602
Corporate	57	42	87	56	59	300
Total	5,326	5,356	6,761	5,598	5,426	28,467

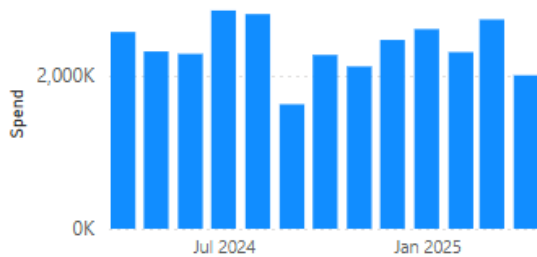
Total additional pay costs YTD 24/25



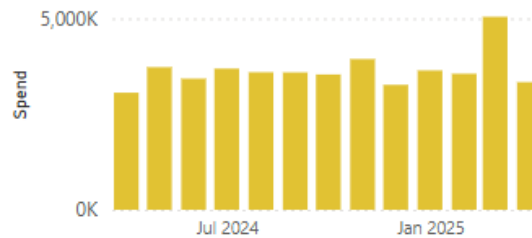
Pay Summary (3): Variable Pay (£'k)

Pay category	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Change	%	Avg 24/25
Agency																
Admin & Clerical Agency	28	8	19	-4	6	12	-6	-47	3	31	6	37	38	1	2.0%	8
Allied Health Prof Agency	102	105	162	132	128	105	132	148	166	253	262	323	163	-160	-49.4%	168
Estates & Ancillary Agency	205	139	78	188	176	-446	78	36	34	67	-49	145	112	-33	-23.1%	54
Medical Agency	1,124	869	902	1,201	1,227	792	876	962	859	868	900	1,038	858	-179	-17.3%	968
Nurse HCA/HCSW Agency	26	39	38	57	37	39	58	43	120	131	92	202	115	-86	-42.8%	74
Other Agency	53	94	77	109	82	63	76	51	79	50	92	98	91	-7	-6.9%	77
Registered Nurse Agency	1,034	1,064	1,011	1,169	1,150	1,064	1,056	927	1,207	1,210	1,006	893	627	-265	-29.7%	1,066
Total	2,571	2,318	2,286	2,852	2,805	1,627	2,271	2,121	2,468	2,609	2,308	2,735	2,005	-730	-26.7%	2,414
Bank																
Admin & Clerical Bank	68	79	75	93	82	76	70	83	67	74	68	168	73	-95	-56.6%	84
Estates & Ancillary Bank	218	257	249	263	260	256	252	287	259	255	234	325	253	-72	-22.0%	260
Nurse HCA/HCSW Bank	1,428	1,680	1,548	1,614	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	1,574	-457	-22.5%	1,638
Other Bank	1	0	1	0	-1	0	0	5	-2	-1	-2	233	27	-206	-88.4%	19
Registered Nurse Bank	1,345	1,711	1,555	1,721	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	1,408	-879	-38.4%	1,672
Total	3,060	3,727	3,427	3,690	3,595	3,590	3,537	3,939	3,265	3,641	3,557	5,044	3,336	-1,709	-33.9%	3,673
Locum																
Medical Locum	333	360	337	285	330	315	332	317	320	548	324	180	376	197	109.6%	332
Total	333	360	337	285	330	315	332	317	320	548	324	180	376	197	109.6%	332
Total	5,964	6,404	6,051	6,828	6,730	5,532	6,140	6,377	6,053	6,798	6,189	7,959	5,718	-2,242	-28.2%	6,419

Agency (£'000)



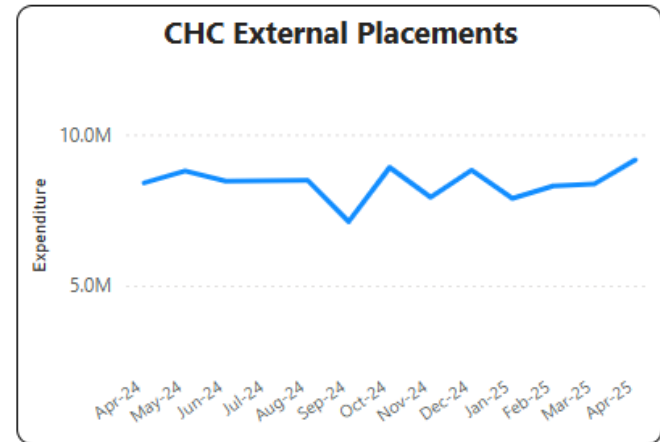
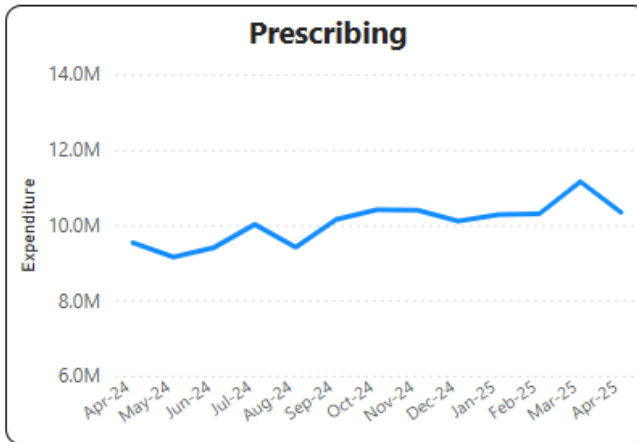
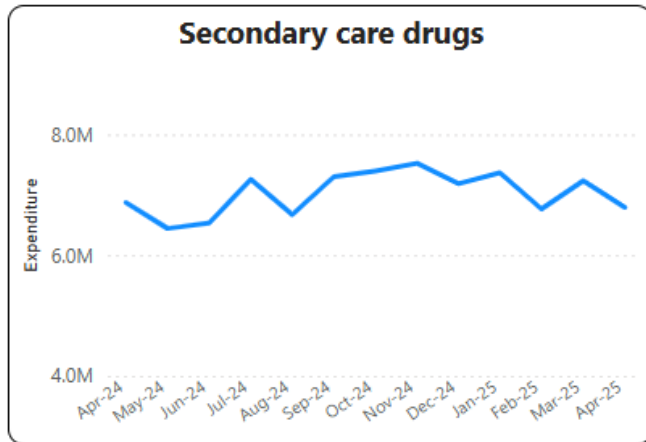
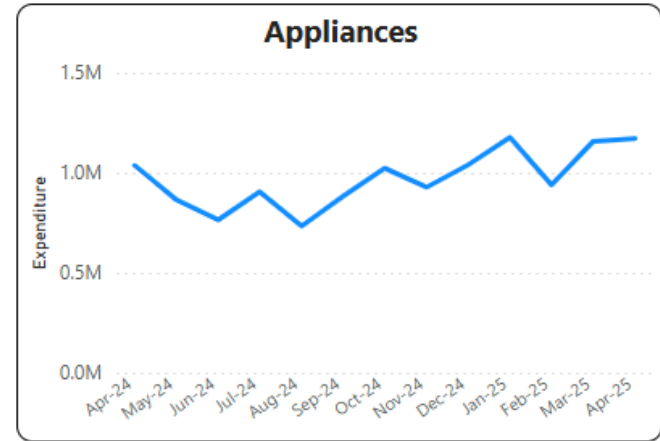
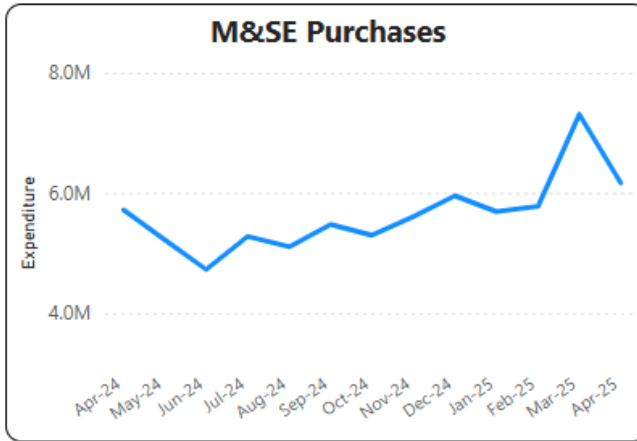
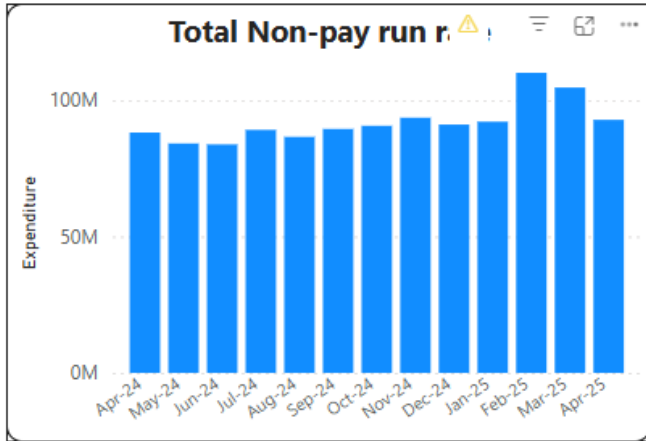
Bank (£'000)



Locum (£'000)



Non-Pay Summary:



Referral to Treatment (RTT):

- Elective Treatments for Apr '26 was 2,060 (Mar '25: 2477. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M01)						Actual Treatments (M01)					Treatment Variance (M01)				
Treatment	Core	Backfill	WLI	Other	Total	Core	Backfill	WLI	Other	Total	Core	Backfill	WLI	Other	Total
N107-Dermatology	261	0	15	0	276	226	11	0	0	237	(35)	11	(15)	0	(39)
N147-ENT	156	0	0	0	156	119	10	0	0	129	(37)	10	0	0	(27)
N105-General Surgery	395	20	0	0	415	271	15	0	0	286	(124)	(5)	0	0	(129)
N146-Oral Surgery	206	0	0	0	206	213	0	0	0	213	7	0	0	0	7
N148-Ophthalmology	409	0	0	0	409	322	0	0	0	322	(87)	0	0	0	(87)
N115-Trauma & Orthopaedics	535	23	20	0	578	462	107	49	0	618	(73)	84	29	0	40
N106-Urology	283	0	0	0	283	255	0	0	0	255	(28)	0	0	0	(28)
	2,245	43	35	0	2,323	1,868	143	49	0	2,060	(377)	100	14	0	(263)

- Outpatient activity for Apr '26 was 6,729 (Mar '25: 5,819. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

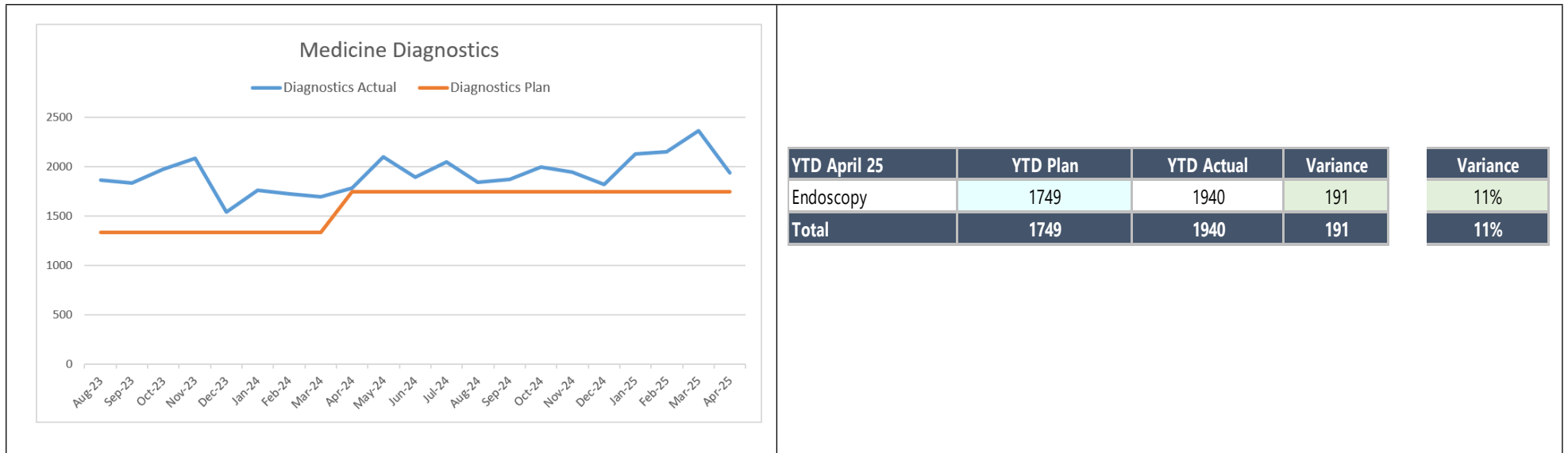
Planned Outpatients (M01)					Actual Outpatients (M01)					Outpatient Variance (M01)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Outpatient	Core	Backfill	WLI	Total
					Elective	Backfilled	WLI							
N107-Dermatology	909	0	0	909	1,472	0	0	1,472	N107-Dermatology	563	0	0	563	
N147-ENT	629	0	0	629	613	20	0	633	N147-ENT	(16)	20	0	4	
N105-General Surgery	2,175	165	35	2,375	2,038	118	23	2,179	N105-General Surgery	(137)	(47)	(12)	(196)	
N146-Oral Surgery	222	0	0	222	390	73	10	473	N146-Oral Surgery	168	73	10	251	
N148-Ophthalmology	714	0	30	744	732	0	0	732	N148-Ophthalmology	18	0	(30)	(12)	
N108-Rheumatology	226	0	0	226	162	0	0	162	N108-Rheumatology	(64)	0	0	(64)	
N115-Trauma & Orthopae	1,123	15	79	1,217	718	0	68	786	N115-Trauma & Orthopaedi	(405)	(15)	(11)	(431)	
N106-Urology	538	0	0	538	649	0	8	657	N106-Urology	111	0	8	119	
Total	6,536	180	144	6,860	Total	6,774	211	109	7,094	Total	238	31	(35)	234

Medicine Outpatients activity for April '25 was 1,916 - (Mar '25: 2,034 , 2024/25: 23,053 2023/24: 22,708):

Apr-25			
	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	407	-68
Cardiology	430	314	-116
Respiratory (inc Sleep)	455	413	-42
Neurology	257	330	73
Endocrinology	186	201	15
Geriatric Medicine	313	251	-62
Total	2116	1916	-200

Apr-25				
YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	407	-68	-14%
Cardiology	430	314	-116	-27%
Respiratory (inc Sleep)	455	413	-42	-9%
Neurology	257	330	73	28%
Endocrinology	186	201	15	8%
Geriatric Medicine	313	251	-62	-20%
Total	2116	1916	-200	-9%

Medicine Diagnostics activity for April '25 was 1,940 (Mar '25: 2,366, 2024/25: 23,952, 2023/24: 21,466):



RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Primary Care and Community

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	3	31	31	0
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	8	100	100	0
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Amber	0	205	205	0
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Amber	0	24	24	(0)
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38K] to a band 4	R	Month 1	Amber	0	4	4	0
PCC-08	10% Reduction of OAMH	R	Month 1	Amber	0	20	20	0
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Amber	0	25	25	0
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Amber	0	7	7	0
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	1	10	10	0
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Amber	0	7	7	0
PCC-13	Stock review/control	R	Month 1	Amber	0	5	5	0
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Amber	0	115	115	0
PCC-15	Closure of Victoria House	R	Month 1	Amber	0	103	103	0
PCC-16	Service provision at Trevethin	R	Month 1	Green	6	69	69	0
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	3	33	33	0
PCC-18	Non pay opportunities	R	Month 1	Green	1	13	13	0
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Amber	0	300	300	0
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS	R	Month 1	Amber	0	442	442	0
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	5	65	65	0
PCC-22	Enhancements on Specialist rates	R	Month 1	Amber	0	36	36	0
					27	1,614	1,614	(0)

Divisional analysis – Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	12	149	149	0
PCC-04	Medicines Management	R	Month 1	Green	61	2,103	2,103	0
					73	2,252	2,252	0

Divisional analysis – Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Top 50 placement reviews	R	Month 1	Amber	0	306	306	0
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Amber	0	108	108	0
CHC-03	FNC Assessments	R	Month 1	Green	19	305	305	0
CHC-04	Care at Home Team	R	Month 1	Amber	0	32	32	0
CHC-05	Rightsizing additional support	R	Month 1	Amber	0	12	12	0
CHC-06	Enhancements on Specialist rates	R	Month 1	Amber	0	18	18	0
					19	781	781	0

Divisional analysis – Mental Health and Learning Disabilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MH-01	Mitchell Close	R	Month 1	Amber	0	100	100	0
MH-02	Aripiprazole drug switch	R	Month 1	Amber	0	3	3	0
MH-03	Reduction to variable pay	R	Month 1	Amber	0	143	143	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Amber	0	500	500	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	17	200	200	0
					17	946	946	0

Divisional analysis – Surgery

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	6	66	66	0
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Amber	0	3	3	0
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Amber	0	3	3	0
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	5	64	64	0
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Green	6	75	75	0
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Amber	0	1	1	0
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Amber	0	2	2	0
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Amber	0	2	2	0
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	2	20	20	0
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Amber	0	38	35	(3)
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Amber	0	4	4	0
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	1	10	10	0
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Amber	0	40	37	(3)
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	1	15	15	0
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Amber	0	4	4	0
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Amber	0	5	5	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Amber	0	2	2	0
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	1	10	10	0
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	16	195	195	0
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	32	383	383	0
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Amber	0	172	158	(14)
SUR-33	Enhancements on Specialist rates	R	Month 1	Amber	0	22	22	0
SUR-34	Medicines Management savings	R	Month 1	Green	11	729	729	0
					128	2,448	2,427	(21)

Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Amber	0	160	178	18
CSS-02	Siemens KPI review	R	Month 1	Green	4	50	50	0
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	0	5	5	0
CSS-04	Factor 8 Repatriation	R	Month 1	Green	0	6	6	0
CSS-05	WBS Commercial Products	R	Month 1	Green	0	6	6	0
CSS-06	Restructure of Management Pos	NR	Month 1	Amber	0	13	13	0
CSS-08	Enhancements on Specialist Rate	R	Month 1	Amber	0	365	392	27
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	10	120	120	0
CSS-11	Hepzyme Repatriation	NR	Month 1	Green	0	0	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	0	3	3	0
CSS-13	JCC funding for liver ablations	NR	Month 1	Amber	0	165	165	0
CSS-14	IPFR income	NR	Month 1	Amber	0	70	70	0
CSS-15	Ablation needles	R	Month 1	Green	0	5	5	0
CSS-16	Maintenance contracts for new D	NR	Month 1	Amber	0	25	25	0
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	67	200	200	0
CSS-18	Blood Products from 24/25 Year	NR	Month 1	Green	55	100	100	0
CSS-19	Additional Everlight reporting in	NR	Month 1	Green	18	46	46	0
CSS-20	Image Intensifier Maintenance	NR	Month 1	Amber	0	16	16	0
CSS-21	Decommissioning of Fuji Equipme	NR	Month 1	Amber	0	12	12	0
CSS-22	C&V Ultrasound	NR	Month 1	Amber	0	8	8	0
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	4	47	47	0
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	0	16	16	0
					160	1,438	1,483	45

Divisional analysis – Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	26	308	308	0
MED-02	Enhancements on Specialist rates	R	Month 1	Amber	0	382	382	0
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	0	1	1	0
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	28	446	446	0
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Amber	0	50	50	0
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	39	253	253	0
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Amber	0	13	13	0
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5	5	0
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	30	365	365	0
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	5	63	63	0
MED-11	Use of 24/25 purchased equip (leads etc) for 25/26 activity	NR	Month 1	Green	2	23	23	0
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	140	340	340	0
					276	2,250	2,250	0

Divisional analysis – Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Amber	0	520	520	0
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	19	19	0
					2	539	539	0

Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	1	63	63	0
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	1	11	11	0
F&T-03	Actim Prom and Partus	R	Month 1	Green	1	13	13	0
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	25	300	300	0
F&T-05	Enhancements on Specialist rates	R	Month 1	Amber	0	257	257	0
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	3	31	31	0
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	0	2	2	0
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5	5	0
					35	682	682	0

Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	42	500	500	0
FAC-02	ENERGY SAVINGS	R	Month 1	Green	167	2,000	2,000	0
FAC-03	Bed contract savings	R	Month 1	Green	21	250	250	0
FAC-04	Energy	R	Month 1	Green	21	250	250	0
					251	3,000	3,000	0

Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	4	50	50	0
CORP-06	Executive directorate stretch target saving	R	Month 1	Amber	0	152	152	0
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	13	242	242	0
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	5	29	29	0
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Amber	0	70	70	0
CORP-13	Executive directorate stretch target saving	R	Month 1	Amber	0	700	700	0
CORP-04	Scheme	NR	Month 1	Green	8	100	100	0
CORP-05	Opportunity	NR	Month 1	Green	8	100	100	0
CORP-08	Executive directorate stretch target saving	R	Month 1	Amber	0	149	149	0
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	10	97	97	0
CORP-03	Opportunity	R	Month 1	Green	151	151	151	0
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	9	103	103	0
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	8	39	39	0
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	9	102	102	0
CORP-10	Executive directorate stretch target saving	R	Month 1	Amber	0	180	180	0
CORP-12	Executive directorate stretch target saving	R	Month 1	Amber	0	207	207	0
					224	2,471	2,471	0

Reserves

Reserves Delegation:

Following the rollover of budgets for month 1 reserves position at 30th April 25 is £65.933m. This consists of the revised recurrent deficit for 24/25 of -£1.884m, specific commitment reserves of £1.75m, supporting financial position £0.030m and allocations to be delegated of £66.037m.

The reserves include some elements of risky income associated with the submitted plan.

All of these reserves are either supporting the financial position of the Health Board (£61.3m) or is committed to specific areas (£4.6m). There is no innovation reserve.

Phase 2 of the budget setting is expected to delegate the majority of the reserves.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

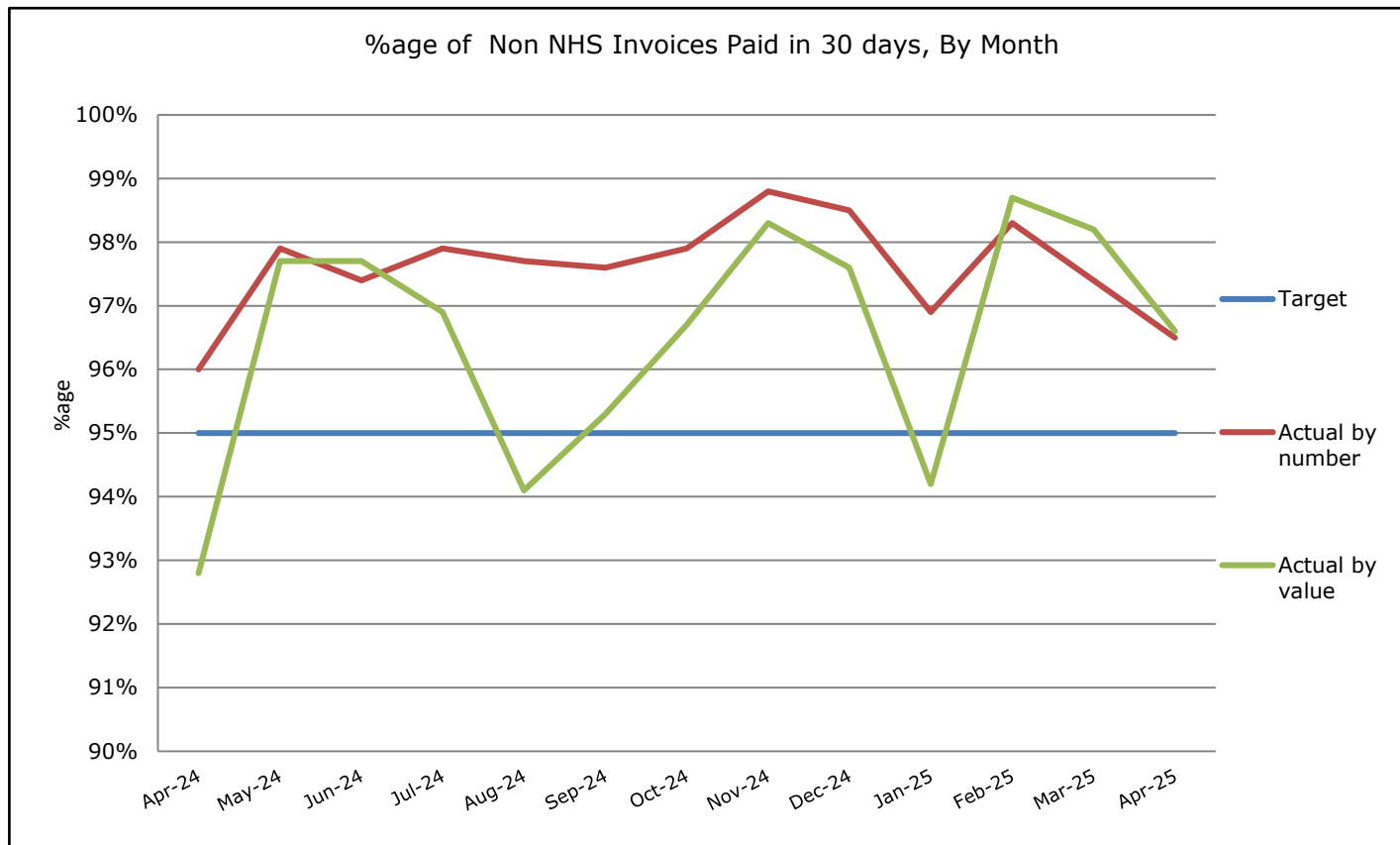
7769-ALLOCATIONS TO BE DELEGATED		
Description	25/26	26/27
b/f balances re: pay related funding etc.	4,688,386	4,688,386
Topslice for Central Procurement of Flu Vaccines	(284,000)	(284,000)
Core Cost and Demand Uplift for 2025-26 (1.77%)	25,112,069	25,112,069
Core Cost and Demand Uplift - Mental Health (1.77%)	2,532,499	2,532,499
National Insurance increase (Ers) 25-26	14,138,800	14,138,800
Real Living Wage (AB staff) 25-26	2,637,000	2,637,000
Pathfinder Womens Health Hub 25-26	300,000	0
RTT Waiting times Q1 25-26	1,500,000	0
6 goals SDEC Urg	1,390,500	0
6 goals SDEC CEO	55,620	0
6 goals UPC PCC	1,297,800	0
Shingles funding HCHS	1,200,667	0
Shingles funding GMS	120,396	0
MCA DoLS NurseDir funding	377,000	0
MCA IMCA PCC funding	433,000	0
Neurodivergence (NDIP) - FT funding	882,611	0
Disp DRs and PADMs funding	1,121,000	0
EPMA funding	2,153,000	0
Overseas recruitment funding	700,000	0
Planned Care Transformation funding	4,551,000	0
Precision Medicine	35,000	0
Digital Pathology Breast AI	113,000	0
Physician Associates	59,000	0
Fracture Liaison Service	321,000	0
LIMs funding	140,000	0
RISP funding	462,000	0
Confirmed / Anticipated Allocations to be apportioned	66,037,348	48,824,754
7788-COMMITMENTS TO BE DELEGATED		
Description	25/26	26/27
Discharge/Transfer lounge	725,000	725,000
Newport East HWBC (GDS contract increase)	48,000	48,000
GUH ED Extension	410,000	410,000
TEC Cymru and VC - Pay award element of budget	148,848	148,848
Junior Doctors income: TGS	449,295	449,295
Junior Doctors income: PGCME	(30,151)	(30,151)
Total Commitments	1,750,992	1,750,992
7501-SUPPORTING FINANCIAL POSITION		
Description	25/26	26/27
IT Revenue to Capital April 25	29,664	0
Total Supporting financial position reserve	29,664	0
7515-IMTP 23/24 DEFICIT		
Description	25/26	26/27
24/25 recurrent deficit	(7,184,640)	(7,184,640)
Innovation and Development Fund	224,100	224,100
Prescribing price & volume growth 2024/25	1,800,000	1,800,000
Inflationary pressures reserve	1,220,000	1,220,000
Ty Gwent surplus	651,645	651,645
Supporting financial position balance b/f 24/25	1,404,269	1,404,269
Total IMTP 23/24 recurrent deficit	(1,884,626)	(1,884,626)
Totals	65,933,378	48,691,120

Cash Position

The cash balance at the 30th April is £4.760m, which is below the advisory figure set by Welsh Government of £6m.

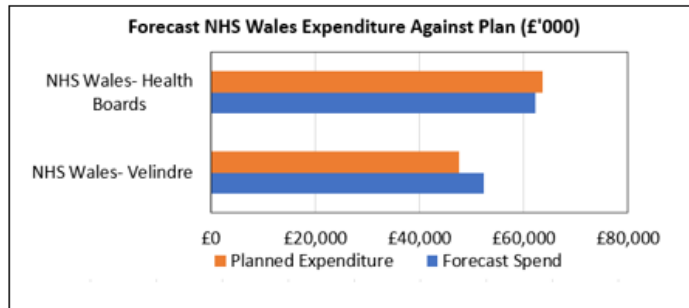
Public Sector Payment Policy (PSP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in April. There has been a decrease in the number of NHS invoices paid within 30 days this month.



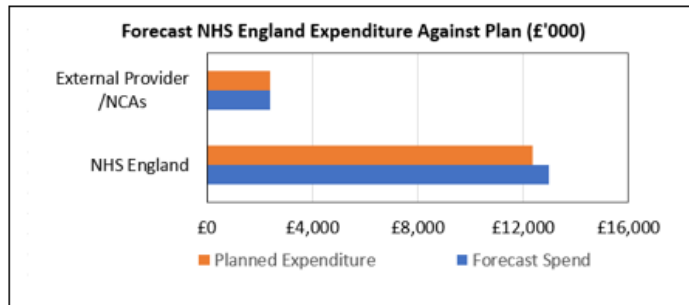
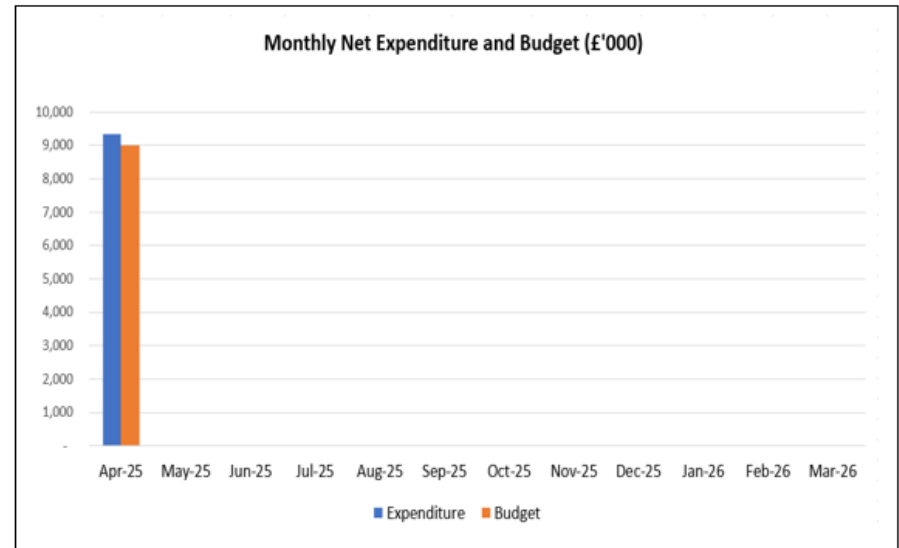
Contracting & Commissioning – LTA Spend & Income

At Month 1 the year-to-date financial performance for Contracting and Commissioning is £318k overspend against the delegated budget with a forecast year of £3.8m overspend. The key elements contributing to this position at Month 1 are as follows:



NHS Wales Expenditure

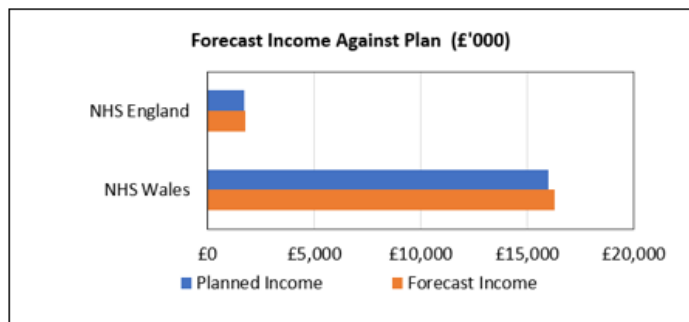
Expenditure in NHS Wales contracts is expected to be c£3.5m more than rollover budget predominantly due to inflationary uplift and NICE/activity pressures expected at Velindre.



NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£14m in 2025/26

There is a pressure forecast of c£650k due to inflationary uplift and activity growth



Provider Income

Provider income of c£18m is being planned and forecast in 2025/26 and will continue to be monitored and managed regularly

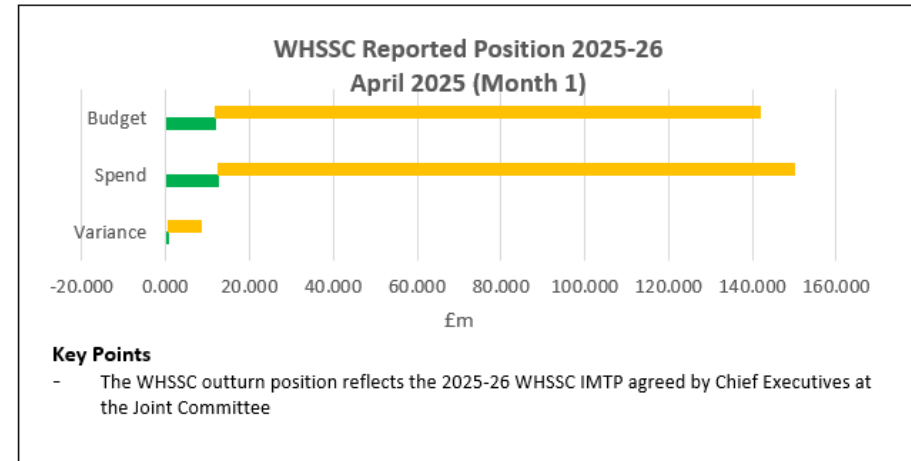
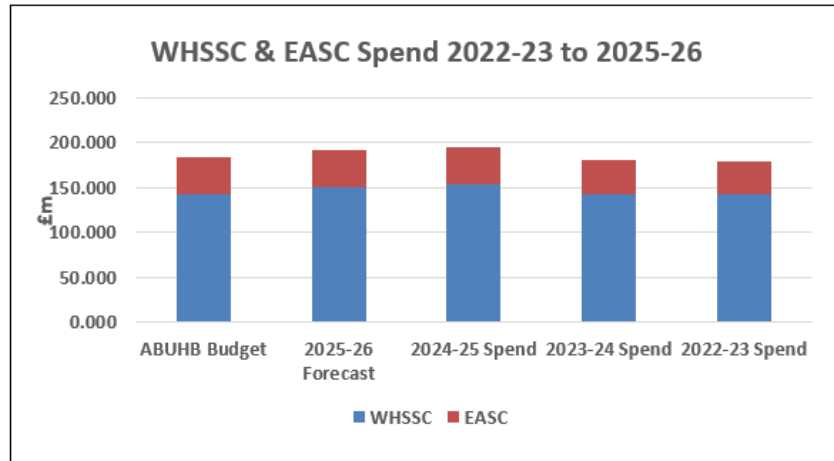
This is currently expected to be a surplus of c£314k due to the expected inflationary uplift

Key Issues 2025-26

- All LTAs have been agreed ahead of the WG deadline and are in the process of being formally signed by each organisation
- The nationally agreed core uplift of 1.77% has not been delegated but the impact is in the forecasted figures
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions.

JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial Position 2025-26

The Month 1 financial performance for the Joint Commissioning Committee is an overspend of £8.709m. The position reflects the agreed IMTP and current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



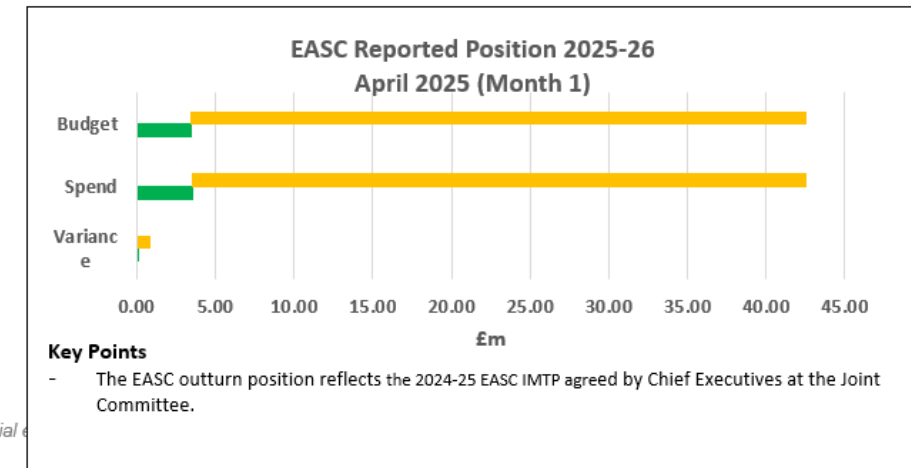
Key Issues 2025-26

Specialised Services

- Current forecast based on the agreed IMTP
- Key risk areas for 2025-26
 - Delivery of Savings Plans
 - Provider Overperformance
 - Slippage on Developments

EASC

- Current forecast based on the agreed IMTP
- Key risk areas for 2025-26
 - Unfunded Provider pressures
 - Confirmation of allocation assumptions



Balance Sheet

Balance sheet as at 30th April 2025			
	2025/26 Opening balance £000s	30th April 2025 £000s	Movement £000s
Fixed Assets	945,668	944,061	(1,607)
Other Non current assets	111,489	114,709	3,220
Current Assets			
Inventories	10,433	10,213	(220)
Trade and other receivables	167,220	161,400	(5,820)
Cash	4,823	4,760	(63)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	176,373	(6,103)
Liabilities			
Trade and other payables	221,140	214,416	(6,724)
Provisions	207,724	215,312	7,588
	428,864	429,728	864
	810,769	805,415	(5,354)
Financed by:-			
General Fund	610,494	605,140	(5,354)
Revaluation Reserve	200,275	200,275	0
	810,769	805,415	-5,354

Fixed Assets:-

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £3.5m, a decrease in intangible assets of £0.2m and a decrease in ICR income due in more than one year of £0.1m since the end of 2024/25.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2024/25 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of April £3.0m
- A decrease in the value of both NHS & Non-NHS accruals of £5.5m, of which £6.1m relates to a decrease of Welsh Risk Pool claims due in less than one year, £0.1m relates to a decrease in NHS & Non-NHS accruals and £0.7m relates to an increase in VAT and other debtors since the end of 2024/25
- An increase in the value of prepayments held of £2.7m.

Cash: The cash balance held at the end of April is £4.760m.

Liabilities, Trade & other Payables:

The movement since the end of 2024/25 relates to a number of issues the most significant of which are:-

- A decrease in Capital accruals (£2.6m), a decrease in NHS Creditor accruals (£6.3m), a decrease in the level of invoices held for payment from the year end (£5.2m), an increase in non NHS accruals (£22.5m), an increase in Tax & Superannuation (£0.9m), a decrease in other creditors (£15.1m), a decrease in the liability for lease payments (£0.2m), an increase in payments on account £0.7m).

Provisions:

- This is due to an increase in the provision for clinical negligence and personal injury cases of £8.3m, which is based on information provided by the Welsh Risk Pool. There has also been a decrease in other provisions of £0.7m.

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

Health Board Income WG Funding Allocations: £1.87bn

Confirmed Allocations as at April 2025 (M1 2025/26)	
	£'000
HCHS	1,585,078
GMS	106,894
Pharmacy	36,808
Dental	34,643
Total Confirmed Allocations - April 2025	1,763,423
Plus Anticipated Allocation - April 2025	105,073
Total Allocations - April 2025	1,868,496

Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £124m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.99bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (April)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
DEN	Dental Contract 6% PayAward 2024-25	2,079	R
GMS	GMS Refresh	1,603	R
GMS	Shingles Vaccine - GMS element (24/25 anticipated element)	120	NR
GMS	GP Pay/expenses uplift 23-24	3,801	R
GMS	2024-25 Recurrent GMS Contract Agreement	4,771	R
GMS	RSV funding 24/25 - GMS element	152	NR
GMS	Dispensing Drs and PADMS funding 24-25	1,121	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	3,832	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	322	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,778)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(944)	NR
HCHS	Real Living Wage 24/25	3,000	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	Substance Misuse & increase	3,402	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	CAMHS In Reach Funding	817	R
HCHS	Invest to Save Omnicell	(80)	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	1,446	NR
HCHS	Urgent Primary Care	1,298	NR
HCHS	Learning Disabilities-Improving Lives	64	R
HCHS	YBH: Heart Failure and Rehab in the Community	506	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(5,776)	NR
HCHS	Shingles Vaccine (24/25 element)	1,201	NR
HCHS	Neighbourhood District Nursing (incl. B3 and B4 staff development)	21	R
HCHS	RIF Dementia	1,611	NR
HCHS	MCA and DoLS	377	NR
HCHS	MCA - IMCA service	433	NR
HCHS	RSV funding 24/25 - HCHS element	197	NR
HCHS	International recruitment funding 24-25	700	NR
HCHS	Medical and Dental Pay Award 24/25	8,042	NR
HCHS	EPMA Funding	2,153	NR
HCHS	Mental Health 111 Press 2 service funding	285	R
HCHS	Pay award-Substantive	28,784	R
HCHS	Pay award-Substantive Consultant	4,996	R
HCHS	Pay award-SLE	2,774	R
HCHS	Pay award-Bank	503	R
HCHS	Pay funding-RLW from April-24	2,696	R
HCHS	Pay funding-Band 8 increment Jan-25	1,303	R
HCHS	Pay funding-Apprenticeship levy addtl	294	R
HCHS	Pay funding-Intensity banding arrears	153	NR
HCHS	Pay funding-Locum consultant arrears	231	NR
HCHS	Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy	65	NR
HCHS	RIF-Dementia Connectors-confirmed WG plan 2526	100	R
HCHS	RIF-Short breaks for Carers-confirmed WG plan 2526	247	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	340	NR
HCHS	25/26 Planned Care transformation funding	4,551	NR
HCHS	25/26 Neurodivergence (NDIP) funding	883	NR
HCHS	25/26 Precision Medicine	35	NR
HCHS	25/26 Digital Pathology Breast AI	113	NR
HCHS	25/26 Physician Associates	59	NR
HCHS	25/26 Fracture Liaison Service	321	NR
HCHS	25/26 LIMs funding	140	NR
HCHS	25/26 RISP funding	462	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	RTT Waiting times Q1 25-26	1,500	NR
HCHS	National Insurance increase (Ers) 25-26	14,139	R
HCHS	Real Living Wage (AB staff) 25-26	2,637	R
Total Anticipated: Per Ledger		105,073	

Capital Planning & Performance

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M1 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,854		-2,854	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
Total Approved Discretionary Funding	5,760	6,786		6,786	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	25,381		25,381	0
Total Approved and Anticipated AWCP Funding	12,184	25,381		25,381	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	0		0	0
Total Approved IFRS16 Lease funding	0	0		0	0
Total Capital Funding / Capital Resource Limit (CRL)	17,944	32,167		32,167	0
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	1,100	1,100	73	1,115	15
Other Commitments	1,050	1,050	16	1,050	0
Commitments b/f from 2024-25	544	1,224	296	1,282	58
Divisional Priorities	2,370	2,394	47	2,367	-27
Corporate Priorities	0	0	0	0	0
Remaining DCP Contingency	696	1,018	0	1,092	74
Total Discretionary Capital	5,760	6,786	432	6,906	120
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	1,991	1,250	471	1,250	0
GUH ED Extension	1,946	2,665	271	2,665	0
Head Lease for Chepstow Community Hospital	60	107	0	107	0
2nd MRI for Grange university Hospital	2,500	2,481	5	2,481	0
Centralised Decontamination Unit RGH	3,925	3,999	310	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	271	-1	271	0
Backlog Maintenance 2024-25	901	2,017	523	2,017	0
EFAB - Infrastructure 2024-25	0	224	0	224	0
YYF Breast Centralisation Unit	0	91	0	91	0
CAMHS Sanctuary Hub	0	104	74	104	0
Housing with Care Fund 2024-25	0	21	2	21	0
Ty Gwent	0	47	24	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	6	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	18	18	7
Digital Equipment 2024-25	0	53	66	66	13
End of Year Funding 2024-25	0	77	0	77	0
IRCF - Abervalley H&WBC	592	550	12	550	0
IRCF - Dixton H&WBC	0	269	41	269	0
Targeted Estates Fund (TEF)	0	9,510	87	9,510	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	1,622	0	1,622	0
Total AWCP Capital	12,184	25,381	1,908	25,261	-120
Total IFRS16 Lease Expenditure	0	0	0	0	0
Total Programme Allocation and Expenditure	17,944	32,167	2,340	32,167	0
Underspend against Overall Capital Resource Limit					0

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 June 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 11 the savings position is reported as £45.5m (green and amber), £5.0m above target levels.

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	£7,330	£5,934	£1,396	£8,443	£7,604	£839
Medicines Management	18	£3,123	£4,672	£1,548	£3,518	£5,529	£2,012
Procurement & Non-pay	118	£13,427	£18,003	£4,577	£15,115	£20,221	£5,106
Service Redesign	8	£3,115	£1,435	£1,680	£3,624	£1,633	£1,991
Workforce	62	£8,878	£9,516	£638	£9,808	£10,547	£739
Total	220	£35,873	£39,560	£3,687	£40,508	£45,535	£5,027

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. The next QIA meeting has been scheduled for the 10th April 2025.

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 February 2025.

Asesiad / Assessment

Medicines Management V&S update April 2025

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

National Priorities

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

National Value & Sustainability Board

An update was provided to the February National Value & Sustainability Board detailing and monitoring the All-Wales National Priorities.

Key Highlights of Period

Positive Progress During Period

Focus remains on the National priority areas identified by NHS Wales Value & Sustainability Board.

A report was presented which highlighted a number of key areas of focus:

- Minimising losses from local procurement
- Choosing the best value product every time
- Eliminating no and low value prescribing
- Improving understanding of risks and opportunities
- Making better therapeutic decisions
- Measuring performance

Next Steps

A list of 2025/26 Priorities (10) has been pulled together which will be the focus of the work going forward. On a National basis, work is underway to re-baseline existing schemes, retire schemes where performance has improved, identify new schemes based on anticipated market entry or contract changes and move to business-as-usual agreement of priority schemes led by NHS from April 2025.

Challenges

Biosimilar Adalimumab (Yuflyma) homecare company no longer offering face to face training for devices, therefore leading to delays for those patients that cannot manage virtual training.

Number of patient concerns being raised regarding prescribing changes for bath and shower preparations.

Mitigations

Escalation of current issues to SRO / Executive Director for Public Health and Strategic Partnerships via Medicines Management Programme Board.

Medicines Management Programme Board Actions

A written update was provided by the Clinical Director of Pharmacy on the National Priorities to the March 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/Contract Pricing

Schemes to switch to lowest acquisition cost biosimilars and generic products in Secondary Care have been progressed in line with national guidance. There is a further opportunity in Rheumatology for patients treated with Adalimumab to move patients from Imraldi (WP10(HP)) to Yuflyma (Homecare) with a resulting cost reduction of c. £ 250k. A new opportunity in Haematology resulting from a contract price change from 1st April 2025 for Pomalidomide has an estimated saving of £583k.

Ustekinumab Biosimilar

The Ustekinumab switch has been progressed in Gastroenterology saving £267k in 2024-25. A new opportunity to switch in Rheumatology could reduce costs by c. £170k in 2025-26

Primary Care Prescribing

Adhering to the All Wales SOP to switch DOACs from Edoxaban to Apixaban/Rivaroxaban through implementing an Anticoagulant LES across January 2025 to Jun 2005 is targeted to deliver £650k in 2025/26. The % use of Apixaban/Rivaroxaban is one of the National Priorities reported monthly to MMPB. Data to December 2024 shows ABUHB at just below 80%. Other HBs are achieving up to 95%.

Medicines Management Programme Board Thematic Updates

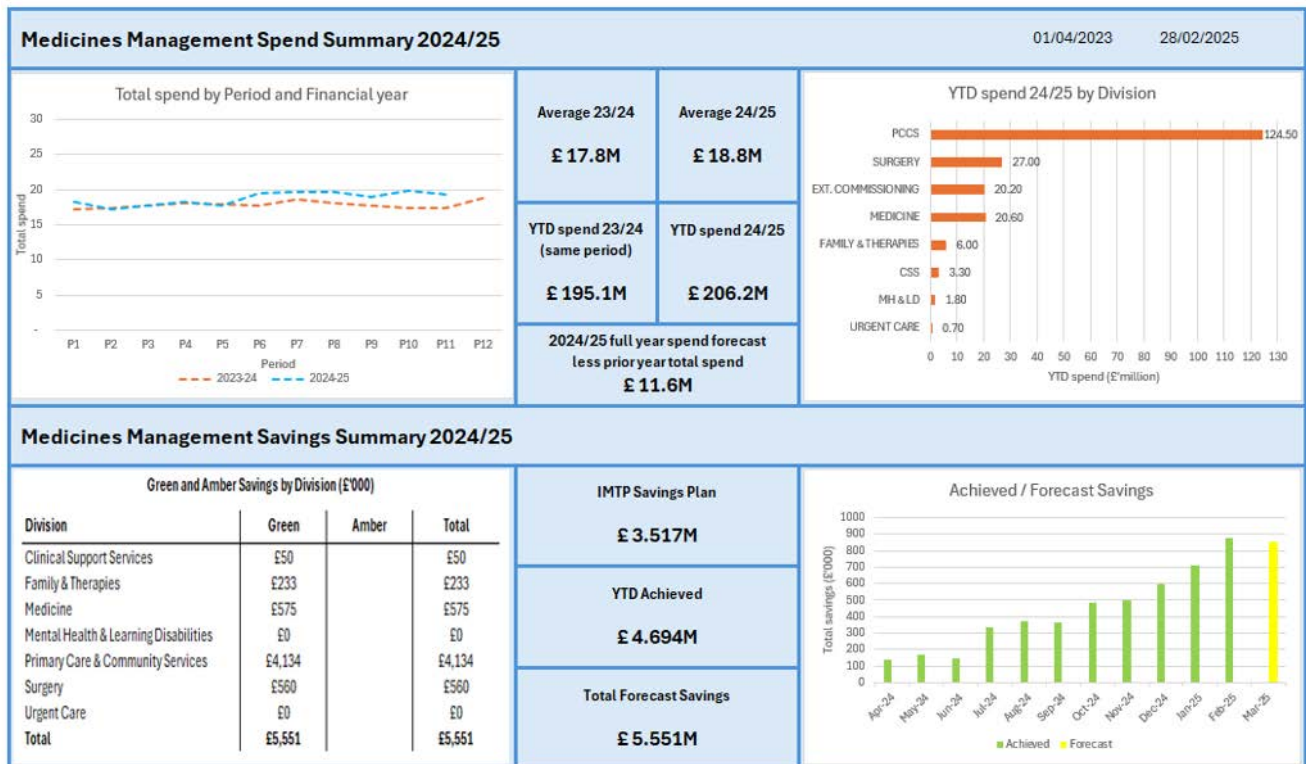
Thematic updates have now been agreed for the rest of the year and cover: Neurology, CNS Mental Health, CNS Analgesia, Enteral Nutrition, Respiratory, Endocrine, Stoma and Cardiovascular. Opportunities from each of these reviews will be recorded on the Medicines Management Opportunities log and progress will be monitored on an on-going basis.

Medicines Management Programme Board Month 11 Finance Review

A detailed Finance update for Month 11 was prepared for the March Medicines Management Programme Board.

Savings delivered in 2023/24 were £6.0m. The savings forecast for 2024-25 at month 11 have increase to £5.55m. Further potential opportunities and cost pressures for inclusion in Division Annual Plans are also being reviewed within Divisions with their local Pharmacy teams.

ABUHB Medicines Management – Finance Dashboard @ Month 11



3

Enhanced Medicines Management Information

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

Value & Sustainability Board – Workforce Update April 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:

- 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.

- Ensure 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 and Estates and Ancillary agency and RN off contract agency, linked to recruitment of substantive staff - £500k annual opportunity
 - International and Streamlining Recruitment Initiative - £1.1m opportunity
 - Roster Deep Dives – £ impact TBC
 - Retention, Sickness and Wellbeing, Establishment Control and Vacancy Management, Job Descriptions, Optional Models of Care / Team Design - £800k
 - Implementing all Wales Agency contract - £126k
 - Review of Enhancements on Specialist Bank Rates. **Decision now made** to stop these which will come in to force from 1 June 25 and expect to reduce costs by £1.6m in 25-26 (£2m recurrently)
 - Review of Medical Agency Spend – 25-26 assumptions TBC
 - Admin Review - £2.4m annual opportunity bringing HB in line with All Wales average
 - Enhanced Care Protocols and usage - £2m - £4m annual opportunity (based on current spend). 25-26 assumptions TBC.

Challenges:

- Continued operational pressures
- Planned Care recovery with increasing levels of variable pay, and future 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
- High number of new RN recruits arriving this year requiring support

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 but continuously reviewed and updated

Value & Sustainability - Workforce 24/25

01/04/2022 28/02/2025

Total spend by Period and Financial year (excludes 6.3% pension in M12)



Average 23/24
67.6M

Average 24/25
70.5M

YTD spend 23/24
(same period)
742.1M

YTD spend
24/25
775.8M

Extrapolated 24/25 to full year less prior
year total spend
34.5M

Total Variable pay by spend by Period and Financial year



Workforce savings summary 2024/25 (£'000)

Division	Green	Amber	Total
Clinical Support Services	£231		£231
Complex Care	£40		£40
Corporate	£1,981		£1,981
Estates and Facilities	£683		£683
Families and Therapies	£234		£234
Medicine	£2,121	£45	£2,166
Mental Health and Learning Disabilities	£1,083		£1,083
Primary Care and Community	£3,799		£3,799
Surgery	£193		£193
Urgent Care	£136		£136
Total	£10,502	£45	£10,547

Annual Plan savings (£'K)

£9,808

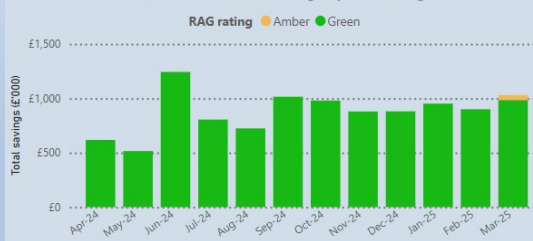
YTD achieved (£'K)

£9,516

Total Forecast savings (£'K)

£10,547

Achieved / forecast savings by RAG rating



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Value & Sustainability Board – Service Re-Design Update April 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

Service redesign savings summary 2024/25 (£'000)

Division	Green	Total
Corporate	£1,146	£1,146
Medicine	£472	£472
Primary Care and Community	£15	£15
Total	£1,633	£1,633

Annual Plan savings (£'K)

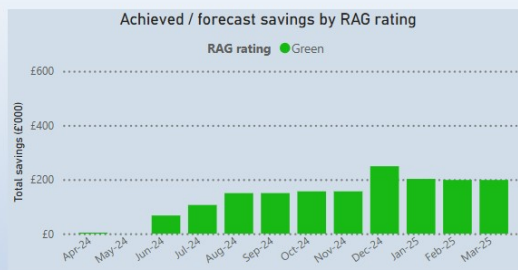
£3,624

YTD achieved (£'K)

£1,435

Total Forecast savings (£'K)

£1,633



RAG rating



SchemeID	Description	RAG	Plan (£'k)	Forecast (£'k)	Variance
CORP-03	Hybrid mail	Green	£300	£180	-£120
CORP-04	Intersite transport	Green	£1,300	£966	-£334
Med-06	Reconfiguration of beds Medicine	Green	£750	£472	-£278
Med-08	Cardiology backfill sessions	Red	£120	£0	-£120
PCC-35	Reconfiguration of beds PCCS	Red	£750	£0	-£750
PCC-36	Glyn Ebbw Closure	Green	£44	£15	-£29
SUR-06	Bed Day Efficiencies	Red	£205	£0	-£205
SUR-07	Theatre Efficiencies	Red	£155	£0	-£155
Total			£3,624	£1,633	-£1,991



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Continuing Healthcare V&S update April 2025

ABUHB V&SB Executive lead – Chief Operating Officer

Value & Sustainability CHC delivery

As at Month 11 savings of £7.604m have been identified against a plan of £8.443m. £6.571m 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

Divisional Top 50 placement workstream reviews completed. DLT to consider recommendations on individual cases during March for next steps on right sizing packages.

QIA completed for Care Homes in Gwent CHC premium reduction (linked to one to one) for consideration

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

Development of Community Infrastructure work has commenced with SRO identified at first meeting held.

Monthly disputes review meetings in place to ensure internal actions and escalation to Senior Management Team / Execs where required. Policy being reviewed.

Commissioning structure/accountability change proposed and agreed by SMT to move budget accountability to Directorate. First meeting held.

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

Partnership working

Staffing challenges improved across CALDS and CAMHS CHV

Transition Care focus in CHC

Next Steps

Complex Care

Consider output from top 50 reviews during March and agree next steps for placements where package adjustments are recommended.

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

QIA outcome for Care Homes in Gwent CHC premium

Mental Health & Learning Disabilities

Finalise the disputes process policy

Joint LA / HB Complex Care Board now established as forum to discuss joint issues

West Sussex case nearing resolution

Further focus on the review process for commissioned packages

Commissioning structure / accountability meeting held with Directorates

Family & Therapies

Disputes panel for DE (awaiting invoice). EH still on-going (awaiting Monmouthshire to take it to regional dispute panel)

Ongoing talks around eliminate agenda, shared working with Gwent Heads Of Childrens Services

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

High-cost Transition cases – plans emerging

Funding disputes, action plans now in place and proceeding

Limited in-house repatriation services available – patient flow workstream to be in place commencing mid-March

Family & Therapies

Repeated “over commissioning” of healthcare professionals within social care packages

Mitigation plans: early planning and no surprises approach with Local Authorities (eg Monmouthshire LML 6 weeks package) and dispute negotiation

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

Case Manager appointed

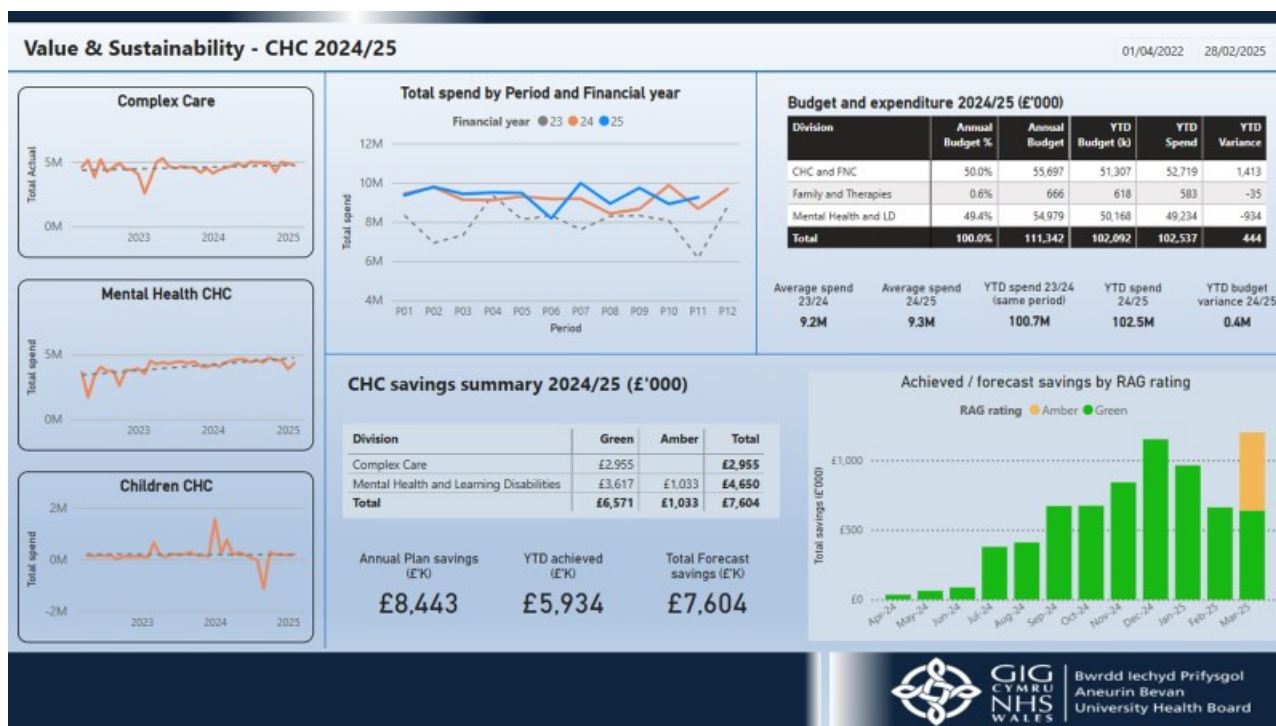
Focus on LD high cost cases, long term pathway management planning

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, started in Jan 25 and improved staffing situation



Value & Sustainability Board – Non-Pay Update April 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:

- £20.2m expected delivery for 2024/25 against £15.1m 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

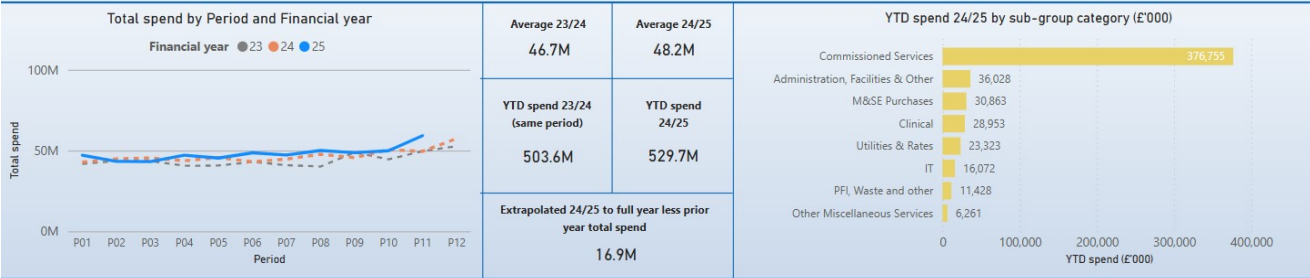
National Work

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 28/02/2025



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

Division	Green	Amber	Total
Clinical Support Services	£1,248		£1,248
Contracting and Commissioning	£4,056		£4,056
Corporate	£3,342		£3,342
Estates and Facilities	£3,371	£70	£3,441
Families and Therapies	£419		£419
Medicine	£502		£502
Primary Care and Community	£3,862	£150	£4,012
Surgery	£468		£468
Urgent Care	£100		£100
WHSSC	£2,633		£2,633
Total	£20,001	£220	£20,221

Annual Plan savings (£'K)

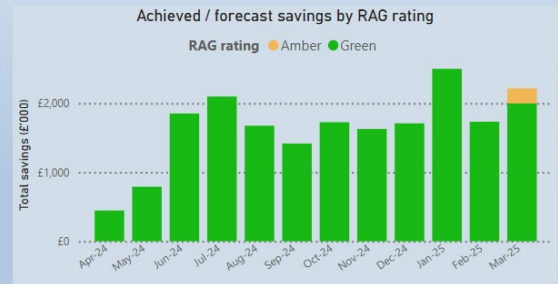
£15,115

YTD achieved (£'K)

£18,003

Total Forecast savings (£'K)

£20,221



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Value & Sustainability Board – Prevention Update April 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 April 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 28/02/2025

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

V&S Category	Number of Schemes	Plan	Forecast	Variance	% Achieved
CHC	14	£8,443	£7,604	£839	90.1%
Medicines Management	18	£3,518	£5,529	£2,012	157.2%
Procurement & Non pay	118	£15,115	£20,221	£5,106	133.8%
Service Redesign	8	£3,624	£1,633	£1,991	45.1%
Workforce	62	£9,808	£10,547	£739	107.5%
Total	220	£40,508	£45,535	£5,027	112.4%

Forecast against initial plan (£'k) **£33,285** + New in-year schemes (£'k) **£12,250** = Total Forecast savings (£'k) **£45,535**

Recurrent/non-Recurrent		
R/NR	Forecast £'k	% Total
R	£32,284	71%
NR	£13,251	29%
Total	£45,535	100%

Forecast FYE (£'k) **£36,514**

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



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	£749	£1,420	£671	£1,530	£683	180.8%
Complex Care	9.0%	£3,633	£3,153	£2,887	£266	£2,995	£638	82.4%
Contracting and Commissioning	1.7%	£706	£636	£3,707	£3,071	£4,056	£3,350	574.5%
Corporate	17.7%	£7,164	£6,438	£5,584	£854	£6,468	£696	90.3%
Estates and Facilities	6.5%	£2,640	£2,309	£3,721	£1,412	£4,124	£1,484	156.2%
Families and Therapies	2.1%	£857	£769	£784	£15	£887	£30	103.5%
Medicines	6.9%	£2,801	£2,480	£3,201	£721	£3,715	£914	132.6%
Mental Health and Learning Disabilities	14.6%	£5,906	£5,170	£4,044	£1,126	£5,733	£173	97.1%
Primary Care and Community	28.1%	£11,385	£10,060	£10,474	£414	£11,937	£552	104.8%
Surgery	4.6%	£1,855	£1,636	£1,120	£515	£1,222	£634	65.8%
Urgent Care	0.2%	£81	£74	£205	£131	£236	£154	289.5%
WHS&C	6.5%	£2,633	£2,399	£2,414	£15	£2,633	£0	100.0%
Total	100.0%	£40,508	£35,873	£39,560	£3,687	£45,535	£5,027	112.4%

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. Financial Balance
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National V&SB Board
Rhestr Termau: Glossary of Terms:	V&SB – Value & Sustainability Board WG – Welsh Government SDEC – Same Day Emergency Care O/P – Out patient INNU – intervention not normally undertaken MH – mental health LD – learning disabilities 'k' – thousand Tbc – to be confirmed QIA – quality impact assessment
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

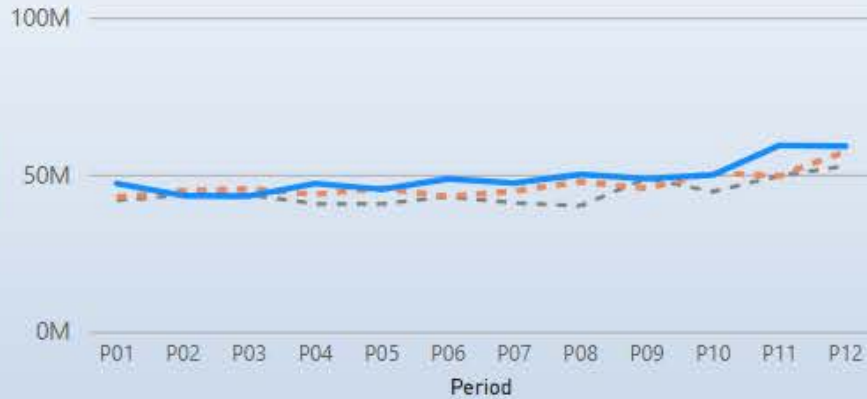
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Value & Sustainability - Procurement & Non pay 2024/25

01/04/2022 01/03/2025

Total spend by Period and Financial year

Financial year ● 23 ● 24 ● 25



Average 23/24

46.7M

Average 24/25

49.1M

YTD spend 23/24
(same period)

560.9M

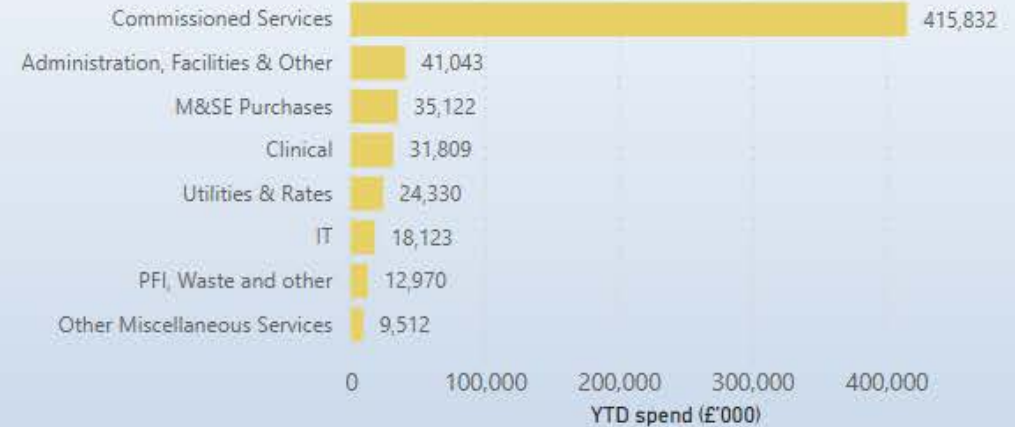
YTD spend
24/25

588.7M

Extrapolated 24/25 to full year less prior
year total spend

27.8M

YTD spend 24/25 by sub-group category (£'000)



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

Division	Green	Total
Clinical Support Services	£1,247	£1,247
Contracting and Commissioning	£4,056	£4,056
Corporate	£3,342	£3,342
Estates and Facilities	£3,371	£3,371
Families and Therapies	£419	£419
Medicine	£502	£502
Primary Care and Community	£4,105	£4,105
Surgery	£465	£465
Urgent Care	£100	£100
WHSSC	£2,633	£2,633
Total	£20,240	£20,240

Annual Plan savings (£'K)

£15,115

YTD achieved (£'K)

£20,240

Total Forecast savings (£'K)

£20,240

Achieved / forecast savings by RAG rating

RAG rating ● Green



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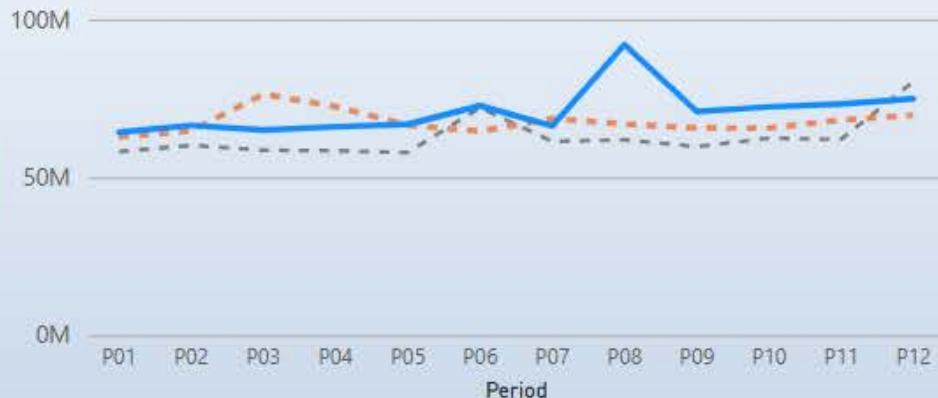
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Value & Sustainability - Workforce 24/25

01/04/2022 01/03/2025

Total spend by Period and Financial year (excludes 6.3% pension in M12)

Financial year ● 23 ● 24 ● 25



Average 23/24 Average 24/25

67.6M

70.9M

YTD spend 23/24
(same period)

811.8M

YTD spend
24/25

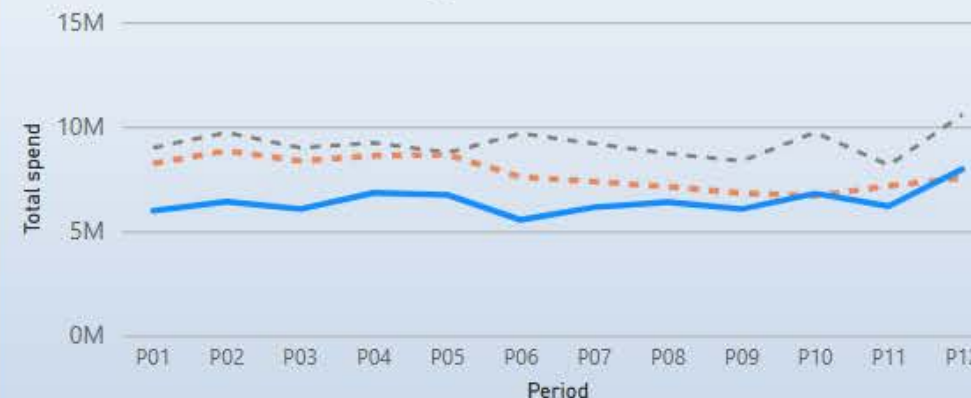
850.7M

Extrapolated 24/25 to full year less prior
year total spend

38.9M

Total Variable pay by spend by Period and Financial year

Financial year ● 23 ● 24 ● 25



Workforce savings summary 2024/25 (£'000)

Division	Green	Total
Clinical Support Services	£231	£231
Complex Care	£40	£40
Corporate	£1,981	£1,981
Estates and Facilities	£683	£683
Families and Therapies	£234	£234
Medicine	£2,185	£2,185
Mental Health and Learning Disabilities	£1,041	£1,041
Primary Care and Community	£3,774	£3,774
Surgery	£193	£193
Urgent Care	£136	£136
Total	£10,498	£10,498

Annual Plan savings (£'K)

£9,808

YTD achieved (£'K)

£10,498

Total Forecast savings (£'K)

£10,498

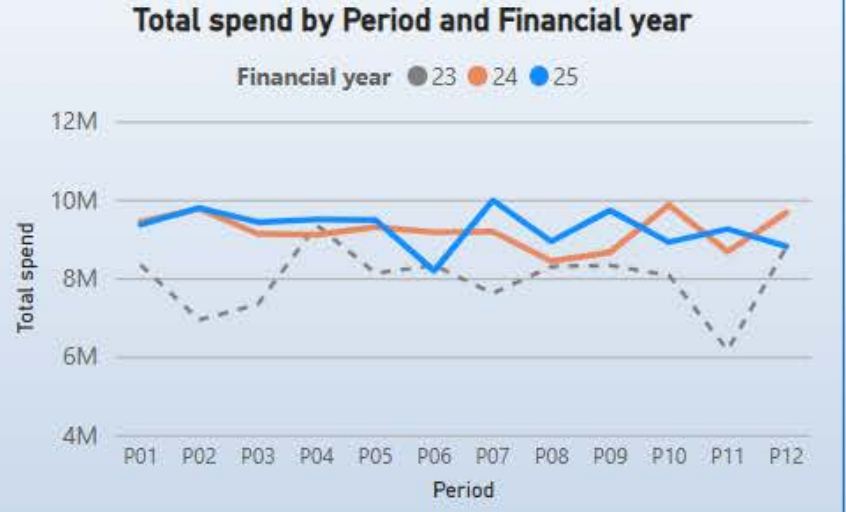
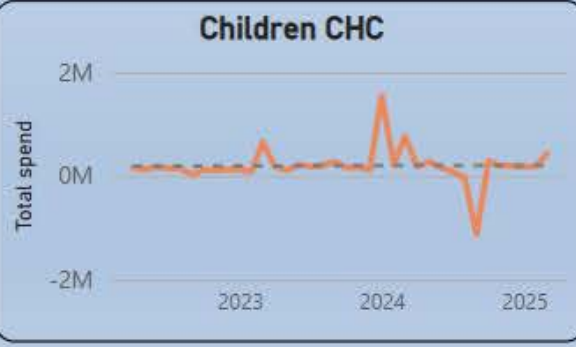
Achieved / forecast savings by RAG rating

RAG rating ● Green



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Budget and expenditure 2024/25 (£'000)

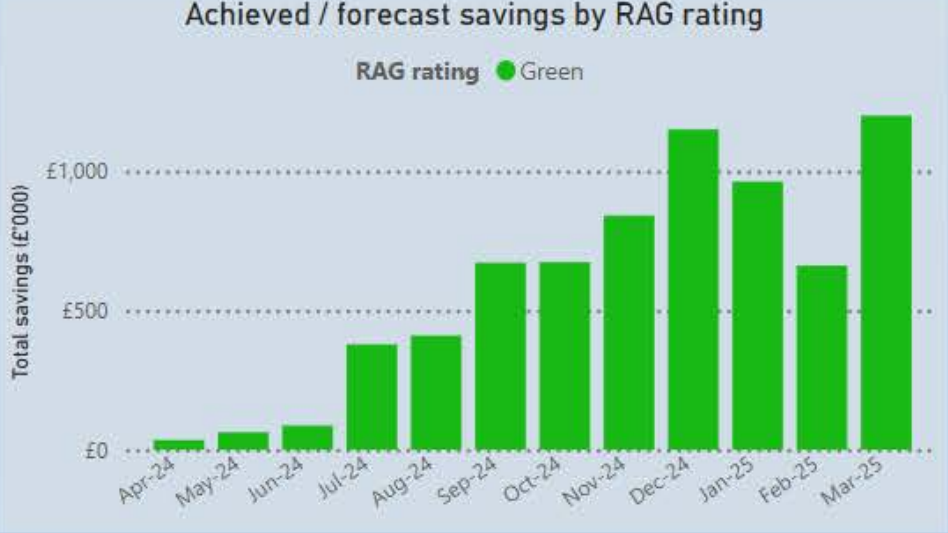
Division	Annual Budget %	Annual Budget	YTD Budget (k)	YTD Spend	YTD Variance
CHC and FNC	50.3%	56,251	56,251	56,702	451
Family and Therapies	0.6%	666	666	1,019	353
Mental Health and LD	49.1%	54,979	54,979	53,619	-1,360
Total	100.0%	111,896	111,896	111,340	-556

Average spend 23/24	Average spend 24/25	YTD spend 23/24 (same period)	YTD spend 24/25	YTD budget variance 24/25
9.2M	9.3M	110.4M	111.3M	-0.6M

CHC savings summary 2024/25 (£'000)

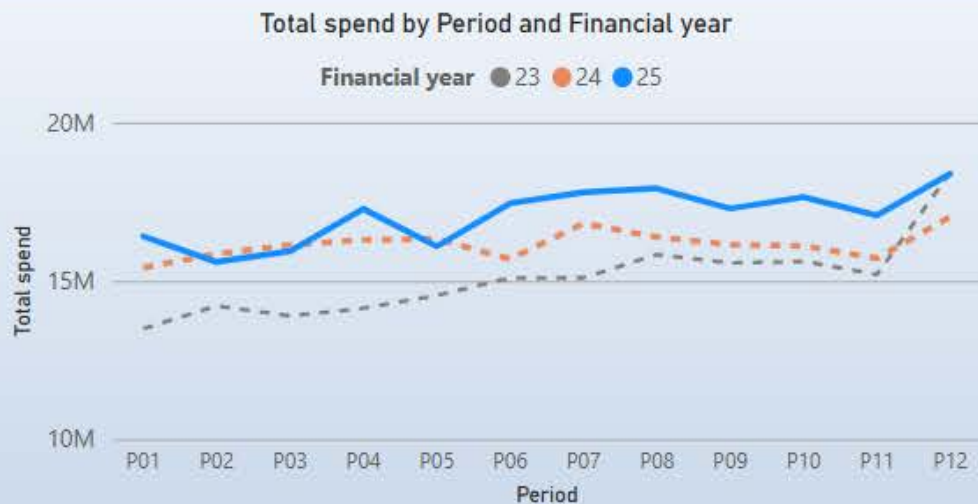
Division	Green	Total
Complex Care	£2,967	£2,967
Mental Health and Learning Disabilities	£4,650	£4,650
Total	£7,616	£7,616

Annual Plan savings (£'K)	YTD achieved (£'K)	Total Forecast savings (£'K)
£8,443	£7,616	£7,616

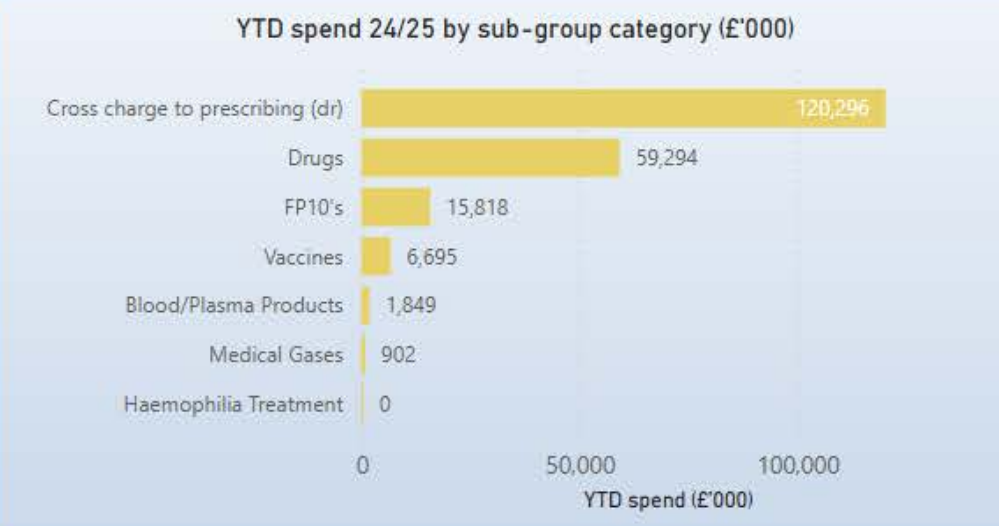


Value & Sustainability - Medicines Management 2024/25

01/04/2022 01/03/2025



Average 23/24	16.2M	Average 24/25	17.1M
YTD spend 23/24 (same period)	193.9M	YTD spend 24/25	204.9M
Extrapolated 24/25 to full year less prior year total spend		11.0M	



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

Division	Green	Total
Clinical Support Services	£65	£65
Families and Therapies	£234	£234
Medicine	£566	£566
Primary Care and Community	£4,108	£4,108
Surgery	£552	£552
Total	£5,524	£5,524

Annual Plan savings (£'K)

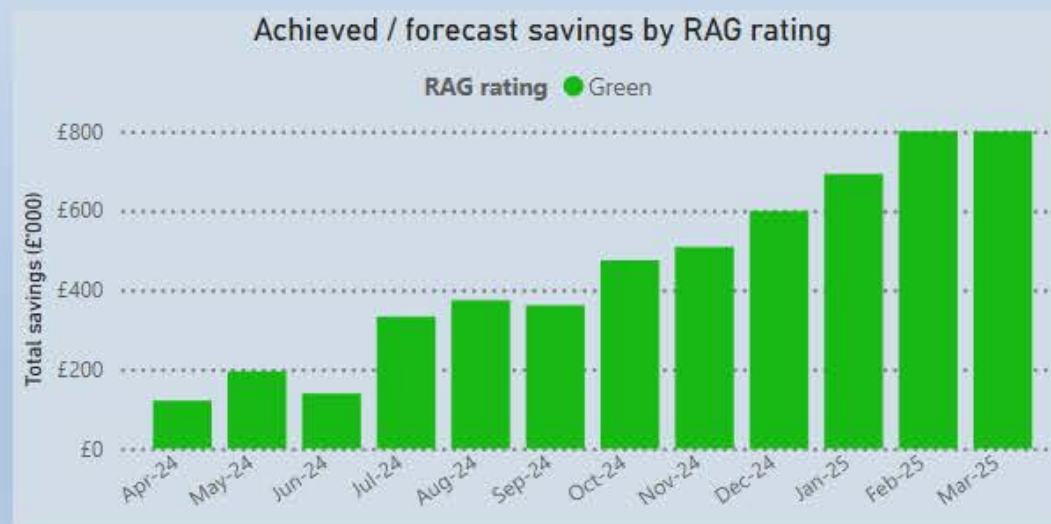
£3,518

YTD achieved (£'K)

£5,524

Total Forecast savings (£'K)

£5,524



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Service redesign savings summary 2024/25 (£'000)

Division	Green	Total
Corporate	£1,146	£1,146
Medicine	£472	£472
Primary Care and Community	£15	£15
Total	£1,633	£1,633

RAG rating



£1.6K (100%)

Annual Plan savings (£'K)

£3,624

YTD achieved (£'K)

£1,633

Total Forecast savings (£'K)

£1,633

Achieved / forecast savings by RAG rating



SchemeID	Description	RAG	Plan (£'k)	Forecast (£'k)	Variance
CORP-03	Hybrid mail	Green	£300	£180	£-120
CORP-04	Intersite transport	Green	£1,300	£966	£-334
Med-06	Reconfiguration of beds Medicine	Green	£750	£472	£-278
Med-08	Cardiology backfill sessions	Red	£120	£0	£-120
PCC-35	Reconfiguration of beds PCCS	Red	£750	£0	£-750
PCC-36	Glyn Ebbw Closure	Green	£44	£15	£-29
SUR-06	Bed Day Efficiencies	Red	£205	£0	£-205
SUR-07	Theatre Efficiencies	Red	£155	£0	£-155
Total			£3,624	£1,633	£-1,991



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

V&S Category	Number of Schemes	Plan	Forecast	Variance	% Achieved
CHC	14	£8,443	£7,616	−£827	90.2%
Medicines Management	18	£3,518	£5,524	£2,007	157.0%
Procurement & Non-pay	119	£15,115	£20,240	£5,125	133.9%
Service Redesign	8	£3,624	£1,633	−£1,991	45.1%
Workforce	62	£9,808	£10,498	£690	107.0%
Total	221	£40,508	£45,512	£5,004	112.4%

Forecast against initial plan (£'K) + New in-year schemes (£'K) = Total Forecast savings (£'K)
£33,025 + £12,486 = £45,512

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



£45.5K (100%)

Recurrent/non-Recurrent

R/NR	Forecast £'k	% Total
R	£32,164	71%
NR	£13,348	29%
Total	£45,512	100%

Forecast FYE (£'K)

£36,570

Achieved / forecast savings by RAG rating

RAG rating ● Green



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	£846	£1,544	£697	£1,544	£697	182.4%
Complex Care	9.0%	£3,633	£3,633	£3,007	−£626	£3,007	−£626	82.8%
Contracting and Commissioning	1.7%	£706	£706	£4,056	£3,350	£4,056	£3,350	574.5%
Corporate	17.7%	£7,164	£7,164	£6,468	−£696	£6,468	−£696	90.3%
Estates and Facilities	6.5%	£2,640	£2,640	£4,054	£1,414	£4,054	£1,414	153.6%
Families and Therapies	2.1%	£857	£857	£887	£30	£887	£30	103.5%
Medicine	6.9%	£2,801	£2,801	£3,725	£925	£3,725	£925	133.0%
Mental Health and Learning Disabilities	14.6%	£5,906	£5,906	£5,690	−£215	£5,690	−£215	96.4%
Primary Care and Community	28.1%	£11,385	£11,385	£12,002	£617	£12,002	£617	105.4%
Surgery	4.6%	£1,855	£1,855	£1,210	−£646	£1,210	−£646	65.2%
Urgent Care	0.2%	£81	£81	£236	£154	£236	£154	289.5%
WHSSC	6.5%	£2,633	£2,633	£2,633	−£0	£2,633	−£0	100.0%
Total	100.0%	£40,508	£40,508	£45,512	£5,004	£45,512	£5,004	112.4%



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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



Costing Output 2023/24





- Executive Summary
- Costing - All Wales Comparisons
- Activity Analysis
- Programme Budgeting



Admitted Patient Care (APC) Activity remains below pre covid levels. Comparability issues between Health Boards limits the value from analysis that should be possible

$$\text{Average Service Cost} = \frac{\text{Total APC Cost}}{\text{Total Admitted Patient Care (APC Episodes)}} = \frac{575,587,358}{222,344} = \text{£2,589 per APC}$$

- ABUHB has a lower cost per episode than average in Wales. And spend 3% less per capita than on average.
- ABUHB follows all Health Boards in the trend of increasing the volume of APC in the past year, albeit at a lower total volume than was seen pre covid.
- Whilst average costs are favourable, there are a number of areas that require further review where ABUHB looks high.
- The large volume of activity coded to “other” further erodes the value that can be drawn and requires further attention.



These actions would improve our understanding of performance and costs and potentially unlock savings opportunities

Reviews to be made with Service & BPA Teams to better understand and then agree actions from identified material variances

- Maternity services costing allocations. Theatre and medical staffing costs to then be investigated.
- Adult ITU and SCBU costs for variances identified
- Orthopaedic elective ward costs with a focus on Elective HRGS identified.
- Orthopaedic non elective short stay costs to understand higher levels.
- Non elective short stay thoracic medical staffing costs
- Anaesthetics and Neurology OP costs to understand increased costs highlighted.
- Audiology costs in ENT outpatients and diabetic equipment costs in Other Medicine

Work to be performed with central costing teams

- APC and A&E activity must be compared more consistently across Wales to facilitate more meaningful benchmarking
- Ophthalmology OP drugs cost for wet AMD

Wider work for AB

- Uncoded activity levels need to be improved



Costing - All Wales Comparisons





AB performs better than All Wales average – spending £79m less than expected


- NHS Exec. SLR dashboard, based on Finished Consultant Episodes (FCE)
- Consequently it is impacted by varying FCE counting across Wales, exacerbated by GUH step down model (most notable when drilling down to A&E).


LHB	No. of Activities (000's)	Actual Cost £(000's)	Expected Cost £(000's)	Total Variance £(000's)
AB	1,090	1,553,099	1,632,218	-79,119
CTM	981	1,232,307	1,263,755	-31,448
CV	998	1,626,877	1,649,789	-22,912
VEL	175	151,699	152,210	-511
BCU	1,300	1,984,055	1,970,810	13,245
SB	957	1,325,017	1,306,877	18,139
POW	65	328,106	303,129	24,978
HD	693	1,098,864	1,021,237	77,627
Total	6,259	9,300,025	9,300,025	0



Analysis by point of delivery shows significant favourable variances for APC £(89)m and OP £(3)m, A&E remains hard to compare

- A&E shows adverse variance of £12m but concerns regarding comparability of minors and majors based on site in this analysis. For example:

The Grange  Costing Model Assumption: MAJOR cases
Actual Activity = Predominantly Major Cases
 Therefore Expected Cost a good proxy

Cardiff UHofW  Costing Model Assumption: MAJOR cases
Actual Activity = Mix of Major and Minor Cases
 Therefore Expected Cost will likely show Cardiff as being “under expectations”

- Therefore, the ABUHB model of centralised Major care aligns better with how costing allocate each site a single complexity type.

Point Of Delivery	No. of Activities (000's)	Actual Cost £(000's)	Expected Cost £(000's)	Total Variance £(000's)
A&E	189	60,118	47,928	12,191
Admitted Patient Care	222	575,587	664,959	-89,372
Community	0	245,206	244,562	644
Out Patients	679	159,653	162,622	-2,969
Other	0	512,534	512,148	386
Total	1,090	1,553,099	1,632,218	-79,119

Note, Community and Other are both service types which do not have standardised activity recorded



APC costs significantly lower than Welsh Peers £(89)m but there are some adverse variances within this

- Maternity adverse variation of £2m.
- Critical care adverse variance of £8m.
- MH&LD adverse variance has been significantly impacted this year by activity recording issues with WCCIS.
- Adverse variation also
 - Elective: Orthopaedics £4m
 - Non-Elective Short Stay – General Surgery £1m, Orthopaedics £0.6m, Thoracic Medicine £0.3m

Slide No.	Admitted Patient Care	Total Variance £(000's)	No. of Activities
Slide 13	Non Elective Short Stay HRGs	-£319	96,186
	Non Elective HRGs	-£90,724	56,043
Slide 11-12	Elective HRGs	-£16,300	52,748
	RDAs	-£116	6,002
Slide 9	Maternity HRGs	£2,271	3,442
Slide 10	CriticalCare	£7,669	3,013
	MHLD APC	£8,147	1,543
	Other	-£0	3,367
	Total	-£89,372	222,344



Maternity services has higher costs than the All-Wales average for APC and follow up OP

- APC costs are £2.3m higher than the Welsh average, driven by high theatre costs; AB average of £750 per case with other HBs ranging from £140 - £571 per case.
- Outpatients Follow up has £1m adverse variance, driven by medical staffing costs.
- A review of the costing methodologies and allocations is to be undertaken this year with the BPA team to gain a better understanding.

Admitted Patient Care	Total Variance £(000's)	No. of Activities
Non Elective Short Stay	£76	13,153
All other Admitted Patient Care	£2,271	3,442
Total	£2,348	16,595
Outpatients	Total Variance £(000's)	No. of Activities
Outpatients (First)	-£68	9,252
Outpatients (Follow-up)	£1,000	22,758
Outpatients (Virtual NS)	-£64	4,443
Ward Attender	-£249	991
Total	£619	37,444



Critical Care has higher costs than the Welsh average for both adult ITU (costs) and SCBU (length of stay)

- Adult ITU accounts for £7m of the £8m adverse variance, the balance is SCBU.
- AB Adult ITU average unit cost is 12% above the All-Wales average unit cost. However, length of stay is 0.6 days (15%) lower than the All-Wales average. Medical staffing costs of £3,962 are 55% above Welsh average; could this indicate over resourcing and/or a bed establishment that is high?
- SCBU average length of stay (ALOS) is 3.6 days or 41% above the All-Wales average; a total of 8,743 bed days. Unit costs are £20,317, 44% above the All-Wales average. Ward costs constitute £10,401 of this, indicating a potential saving of £1.1m if 50% of ward costs were releasable and LOS matched the Welsh average.

Critical Total	AB	BCU	CTM	CV	HD	SB	AVERAGE
Activity	3,013	3,434	2,092	6,445	1,704	3,531	3,370
Cost	47,409,626	47,322,607	24,027,968	70,258,768	25,999,101	47,826,711	43,807,464
Average Cost	15,735	13,781	11,486	10,901	15,258	13,545	13,000
Average LoS	5.76	5.39	5.74	4.37	5.46	5.47	5.18
Cost per day	2,731.77	2,556.70	2,000.98	2,494.57	2,794.45	2,476.20	2,511.53

SCBU	AB	BCU	CTM	CV	HD	SB	AVERAGE
Activity	704	904	645	489	401	506	608
Cost	14,302,831	10,573,194	6,657,702	2,799,732	4,138,078	13,153,095	8,604,105
Average Cost	20,316.52	11,696.01	10,322.02	5,725.42	10,319.40	25,994.26	14,148
Average LoS	12.42	7.21	8.11	7.53	4.86	12.01	8.82
Cost per hour	1,635.79	1,622.19	1,272.75	760.35	2,123.33	2,164.38	1,603.22

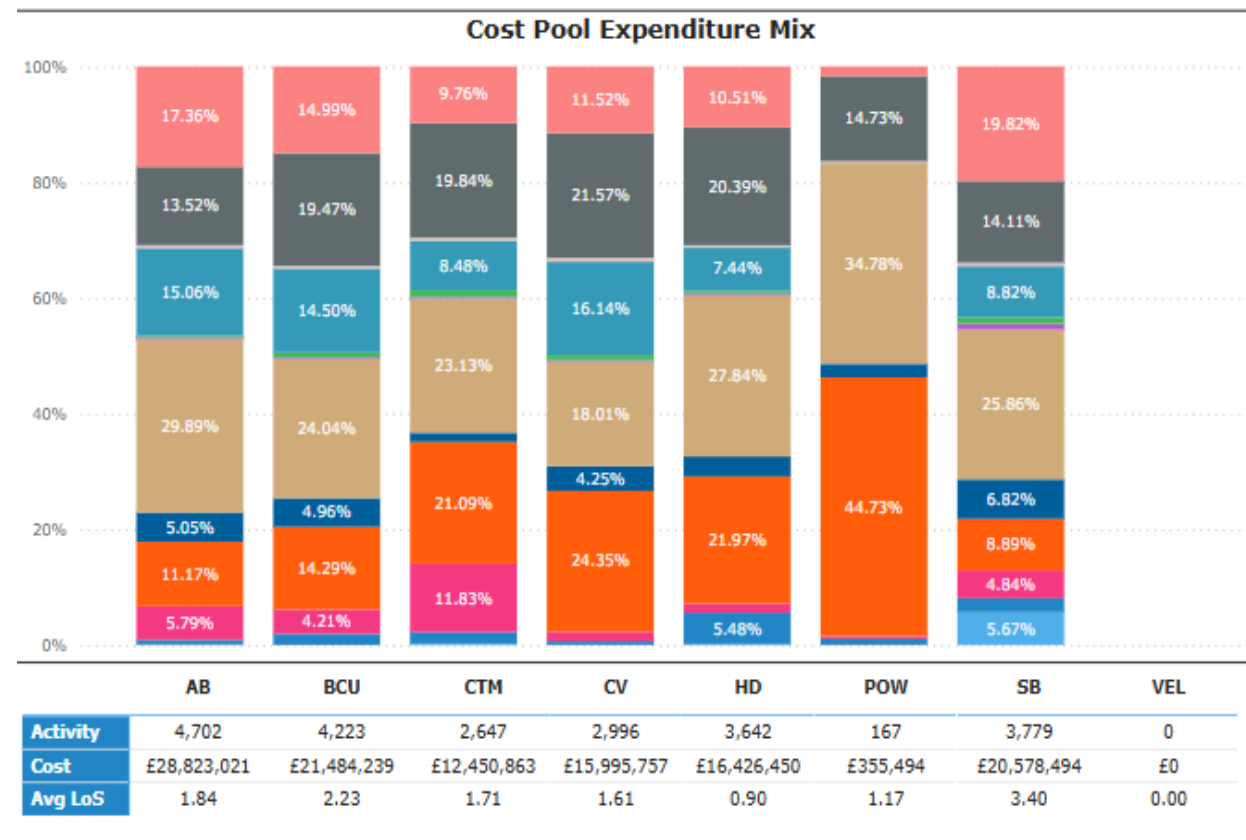
ITU	AB	BCU	CTM	CV	HD	SB	AVERAGE
Activity	2,309	2,530	1,447	5,956	1,303	3,025	2,762
Cost	33,106,795	36,749,413	17,370,266	67,459,036	21,861,023	34,673,616	35,203,358
Average Cost	14,338.15	14,525.46	12,004.33	11,326.23	16,777.45	11,462.35	12,747
Average LoS	3.73	4.74	4.69	4.11	5.65	4.37	4.37
Cost per hour	3,844.01	3,064.44	2,559.56	2,755.77	2,969.46	2,622.96	2,915.33

Costing – APC adverse variances, Orthopaedic Elective



AB has a £4m adverse variance compared to the All-Wales average for orthopaedic elective activity

- AB has highest unit cost across Wales for HRG subcategory H Musculoskeletal System activity, £6,138 per case which is 10% higher than the All-Wales average of £5,560. There are 4,702 cases and a total variance of £2.5m.
- ALOS is 0.2 days above All Wales average of 1.6 days. With a ward cost of £1,064, 33% above the average Welsh cost, there is a potential to release £277k based on meeting Welsh average LOS and releasing 50% of costs.





Four HRGs account for £2.3m of the adverse variance for orthopaedic elective activity

- HRGs with an adverse variance of more than £100k are highlighted.
- HN12 – Very major hip procedures has an average cost of £12,806 which is 24% above the All-Wales average.
- HN22 – Very major knee procedures unit cost is 11% above the All-Wales average at £11,146 per case.
- We are not able to examine the cost pools at HRG level due to limitations with the costing dashboard.

HRGs with > £100k adverse variance	No of activities	Variance £
HN12-Very Major Hip Procedures for Non-Trauma	428	£984,463
HN22-Very Major Knee Procedures for Non-Trauma	749	£671,884
HN45-Minor Hand Procedures for Non-Trauma 19 years and over	374	£333,449
HN44-Intermediate Hand Procedures for Non-Trauma 19 years and over	290	£188,386
HN43-Major Hand Procedures for Non-Trauma 19 years and over	105	£101,873
Total		£2,280,055



There are pockets of Non-Elective Short Stay activity with adverse variances

- GS – AB unit cost is £852, 16% higher than the All-Wales average.
- Orthopaedics – AB costs are 12% above the All-Wales Average, driven by HRGs for very major/major Hips trauma, and Hip fracture without interventions.
- Thoracic – AB average unit costs are 17% higher than the All-Wales average, driven by theatre costs.

Adverse variances per speciality >£300k are shown below:

Non Elective Short Stay APC - Specialty	Total Variance £(000's)	No. of Activities
100-General surgery	£1,110	14,067
110-Orthopaedics	£603	4,978
340-Thoracic medicine	£323	3,025
Others	-£2,355	-22,070
Total	-£319	0



There are some specialties within the overall favourable OP variance that have higher costs than the All-Wales average

- Ophthalmology (45k attendances) – high drugs costs for wet AMD compared to those across Wales, £153/att. (Welsh range £18-£97) initially being investigated with Welsh costing colleagues.
- ENT (17k att.s) – high audiology (£117/att. with Welsh range £55-£95) and OP costs driving this, audiology allocations including community splits to be examined.
- Neurology – drugs costs significantly higher than those shown for other HBs.
- Anaesthetics – driven by higher medical staffing costs.
- Other Med. – Diabetes equipment costs significantly higher (£174/att. with Welsh range £24-£181), asking costing colleagues to confirm their costs and allocations.

All specialties with variances >£1m can be seen below:

Specialty	OP FUP	OP New	OP pre op	OP Procs	OP Virtual (NS)	Ward Attenders	Grand Total
130-Ophthalmology	1,893	397	359	1,844	-193	0	4,300
120-ENT	1,223	738	347	315	-117	-20	2,486
400-Neurology	1,269	853	0	-12	64	-37	2,138
190-Anaesthetics	571	469	527	-14	-75	0	1,478
300-Other medicine	346	921	0	0	-18	-98	1,152



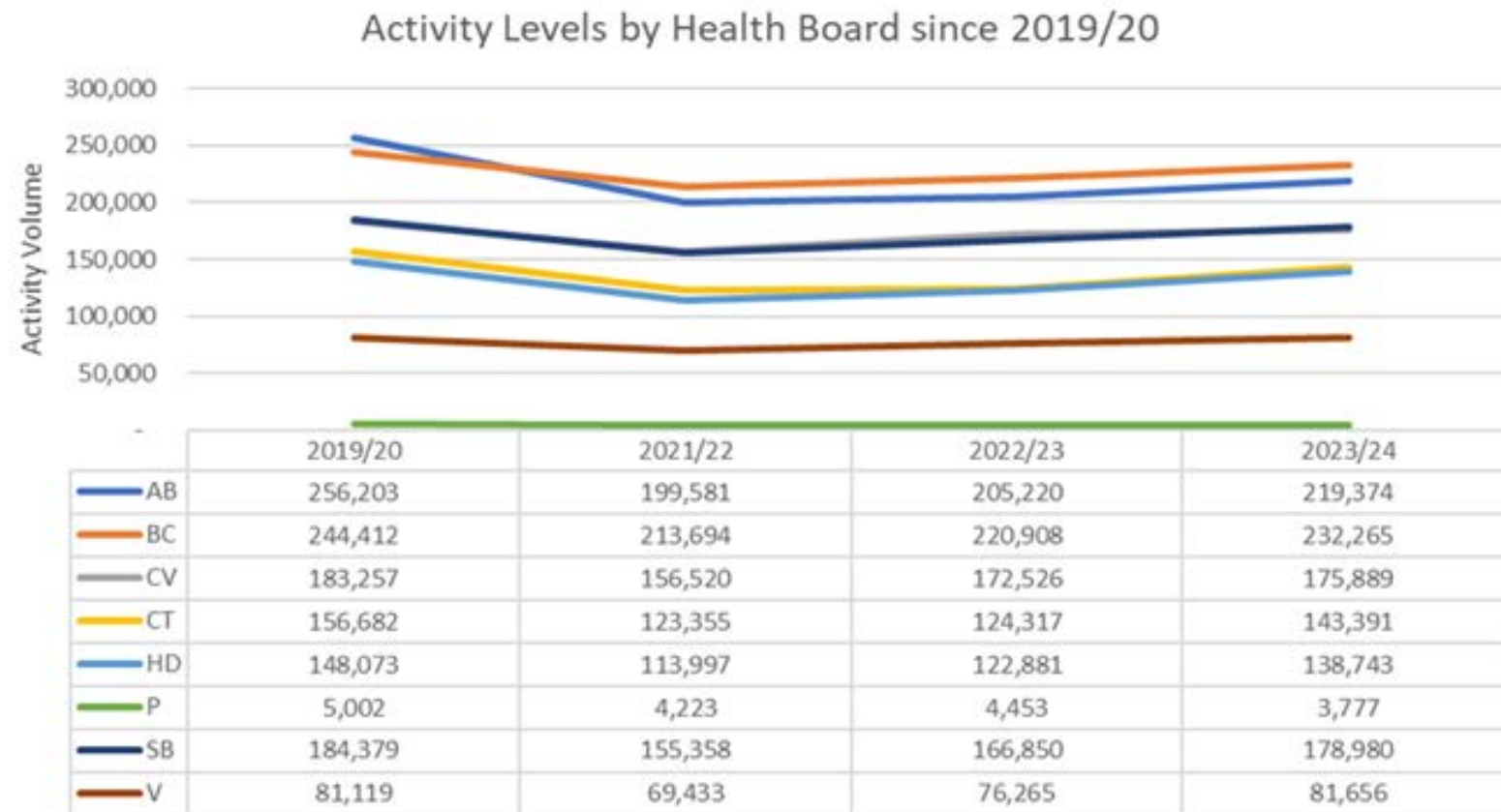
Activity Analysis





Activity across the board is recovering post covid, but remains below 19/20 levels

- All HBs follow the same trend of reduced volume of APC activity from 19/20 but are continuing to increase from Covid lows.
- Cwm Taf and Hywel Dda activity has increased significantly in the last year and made progress in closing the gap to 19/20 levels.
- AB APC levels are 14% below 19/20 levels - this is lower than the All-Wales average of 7%.

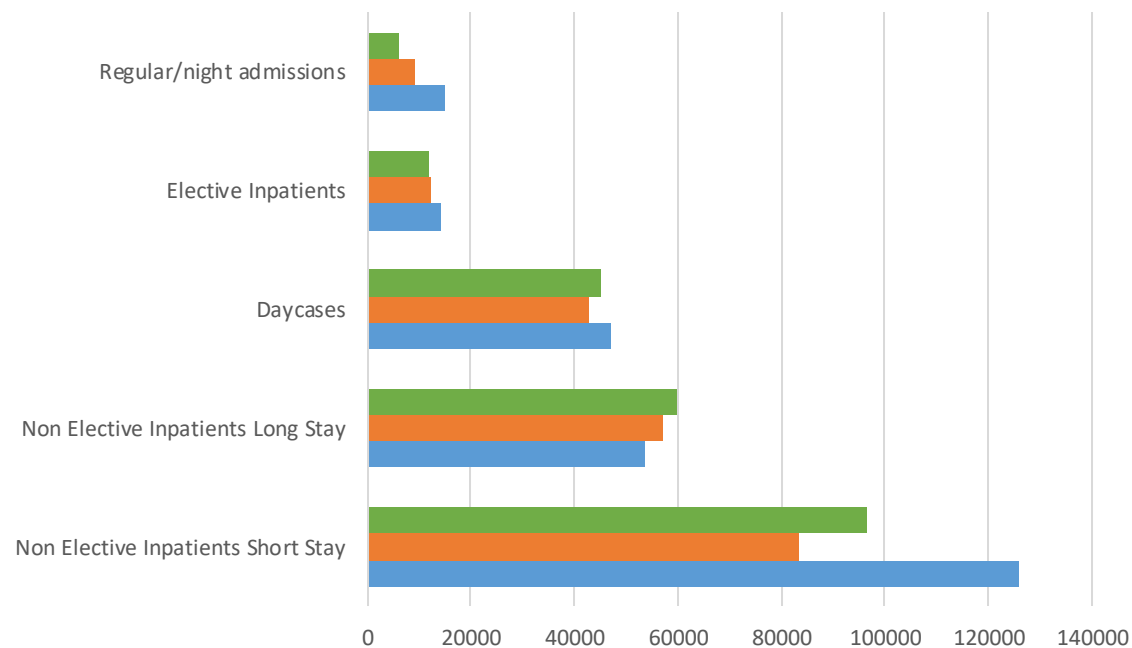




AB average APC movement masks wide variation, especially in Non-Elective Short Stay and RDA activity.

- IP Non-Elective Short Stay represents the largest activity type for the HB. Activity has increased from last year however it is still lower than 19/20 levels (15k cases due to changes in recording of ED pathways at GUH)
- Elective IP fell by 2% (226 cases) from last year's levels (impact of strike).
- IP Non-Elective Long Stay has grown compared to 22/23 and the 19/20 pre covid level.
- RDA levels continue to decrease, linked to reductions in Dermatology phototherapy due to reduced clinic templates (additional cleaning requirement, not running service on Saturdays and up to 6pm).

2023/24 activity by area against 2019/20 and 2022/23 levels



	Non Elective Inpatients Short Stay	Non Elective Inpatients Long Stay	Daycases	Elective Inpatients	Regular/night admissions
■ Activity 2023/24	96433	59721	45088	12087	6002
■ Activity 22/23	83494	57109	43053	12313	9248
■ Activity 19/20	126117	53705	47203	14165	15013



Programme Budgeting





23/24 output still in draft with Welsh Government due to concerns around impact of low coding levels across Wales.

- Total LHB and PHW expenditure by diagnosis-based programme budgeting category. Published annually on Stats Wales by Welsh Government.
- Currently being reviewed before publication due to concerns re the impact of uncoded activity on the output as described in the statement from NHS Executive below.

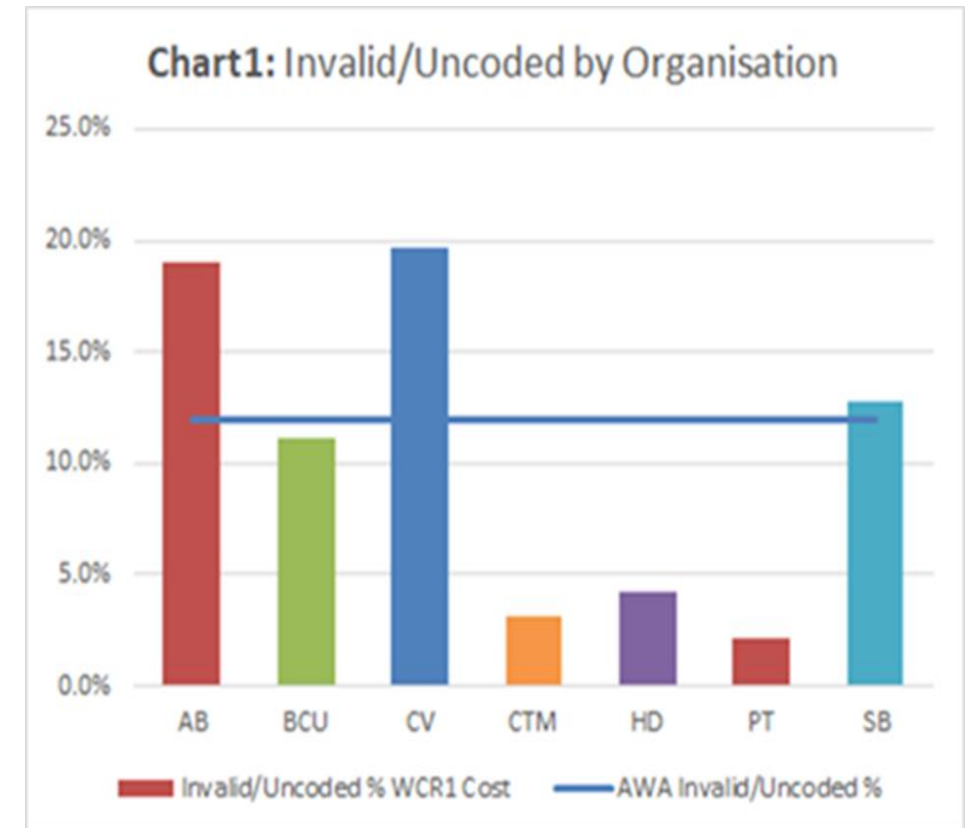
“The underlying data is unlikely to change, but there is concern around the material impact of uncoded data. Welsh Government will be considering this position, and any appropriate caveats that will need to be included in the final version to be published on StatsWales. Organisations should be mindful of these issues and the potential risks of using PB data. The data should only be shared, if necessary, internally and should continue to be identified as draft, ensuring recipients are aware of its risk factors and limitations.” NHS Executive

- A process of mapping uncoded activity to programme budgeting category has been undertaken by mapping specialties to categories where there is confidence re the linkage. The value of secondary care uncoded activity in AB was £186m before this mapping and £73m after the remapping exercise.



AB has one of the highest levels of uncoded activity across Wales making it particularly difficult for us to use this information.

- AB clinical coding for 23/24 is 82% complete (84% for 22/23) compared to WG target of 95%.
- However, the proportion of cost uncoded is 29% in 23/24 compared to 19% in 22/23. This is due to the coding of a higher proportion of lower value activities, e.g., RDAs, in 2023/24.
- All Wales Clinical Coding Steering Group has submitted a paper to Welsh Leadership Board recommending improvements in coding. AB recruitment plan approved 23/24.



Programme Budgeting - analysis



Limited messages due to significantly higher levels of uncoded in AB, meaning other PB categories are largely lower than All Wales averages

- AB spends the second lowest £/head of pop.n.

	£/head of pop.n	Rank
AB	2,930	2
BC	3,100	4
CTM	3,061	3
CV	2,684	1
HD	3,198	6
SB	3,169	5

- We underperform on 23D Uncoded, AB £146 spend per head of the population, All-Wales average £79. – this stranded costs will result in understatement in other comparable categories.
- Maternity and Musculo skeletal spend in AB is higher than the All-Wales average.

Programme budget categories		2021/22		2022/23		2023/24	
		598,194	3,169,586	588,303	3,105,410	626,394	3,284,297
				AB	Total	AB	Total
				£ per head	£ per head	£ per head	£ per head
1	Infectious diseases	130	132	85	92	64	68
2	Cancers & tumours	186	205	216	231	220	240
3	Blood disorders	25	32	24	32	26	30
4	Endocrine, nutritional & metabolic problems	119	117	125	129	122	128
5	Mental health problems	264	303	292	327	316	342
6	Learning disability problems	62	60	70	69	72	73
7	Neurological system problems	110	116	118	128	108	126
8	Eye/vision problems	56	64	61	71	74	72
9	Hearing problems	11	14	11	15	10	15
10	Circulation problems	195	206	208	227	200	225
11	Respiratory problems	137	143	152	167	160	169
12	Dental problems	82	78	72	77	67	73
13	Gastro intestinal problems	159	166	191	187	197	195
14	Skin problems	51	53	55	61	61	66
15	Musculo skeletal system problems (exc Trauma)	126	119	152	138	150	142
16	Trauma & injuries (excl. Burns)	210	218	233	238	219	239
17	Genito Urinary system disorders (exc infertility)	111	116	118	128	121	130
18	Maternity & reproductive health	96	87	105	93	108	96
19	Neonates	21	22	25	24	23	24
20	Poisoning	23	25	27	27	28	27
21	Healthy individuals (includes screening)	72	82	72	84	67	79
22	Social care needs	21	25	22	27	23	28
23A	General medical services	151	165	141	169	143	175
23B	Open access	26	31	35	36	34	35
23C	Continuing care	90	49	86	47	76	50
23E	Other PHW Functions	34	34	42	42	42	42
23D	Invalid/uncoded data	92	66	99	55	146	79
23X	Valid 'other' data	96	48	85	52	51	47
	Total	2,754	2,777	2,921	2,971	2,930	3,016

Review of Cost Savings Arrangements – Aneurin Bevan University Health Board

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Introduction

- 1 NHS Wales is facing unprecedented financial challenges. The legacy of the COVID-19 pandemic on service demand, the rising costs associated with staffing, energy, medicines, maintaining an ageing estate; and tackling the increasingly complex health conditions associated with an ageing population all contribute to the worsening financial situation across the NHS.
- 2 Despite the Welsh Government making an additional £425 million available to the NHS in October 2023, the 2023-24 year-end audited position for NHS Wales was a collective deficit of £183 million. Whilst some NHS bodies were able to achieve year-end financial balance, the position for others - particularly some Health Boards - was challenging with several not being able to deliver the control total deficit expected by Welsh Government.
- 3 The position for 2024-25 is equally, if not more challenging. Health bodies will need to ensure that they have robust approaches in place to identify and deliver in year cost improvement opportunities and to also take a longer-term approach to achieving financial sustainability that moves away from short-term approaches to ones where savings are achieved by transforming service models and ways of working.

Objectives and scope our work

- 4 Given the challenges outlined above, the Auditor General has undertaken a programme of work examining NHS bodies' approaches to identifying, delivering, and monitoring sustainable cost savings opportunities. Whilst our more detailed work has been targeted at health boards, we have also undertaken high level work at Special Health Authorities and NHS Trusts, linked to the specific functions of those bodies. The findings from our work at Aneurin Bevan University Health Board (the Board) are set out in this report.
- 5 The work has been undertaken to discharge the Auditor General's statutory duty under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Trust has proper arrangements in place to secure economy, efficiency, and effectiveness in its use of resources.
- 6 This review builds on our [2022 Review of Efficiency Savings Arrangements](#) that included nine recommendations. Those recommendations have now been superseded by the recommendations from this current review as detailed in **Exhibit 2**.
- 7 We undertook our work between February 2024 and May 2024. The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 8 Overall, we found that **whilst the Health Board did not achieve its deficit control total or savings target for 2023-24, it delivered significantly more savings than in prior years. However, its financial position remains very challenging. As a result, it urgently needs to develop a longer-term financial plan focused on achieving recurrent savings from transformational service change, and further embed its savings approach through its Value and Sustainability Board to strengthen its savings arrangements and prevent its financial position from deteriorating further.**
- 9 The findings that support our overall conclusion are summarised below under the following headings:
- Identifying cost improvement opportunities.
 - Delivering cost improvement opportunities.
 - Monitoring and overseeing cost improvement opportunities.

Identifying cost improvement opportunities

- 10 The Health Board has clear arrangements in place for identifying and analysing the areas that are driving its costs in the short- to medium-term, namely variable pay (agency, bank, and locum), Continuing Health Care, prescribing, energy, delayed transfers of care, growth in demand for Cancer services, provision of SAFE services, and more general demand and capacity challenges. Despite this, the Health Board failed to meet its deficit control target of £13 million for 2023-24, instead reporting a year-end outturn deficit of £49.8 million. These high-cost areas continued to be the key contributors to the Health Board's significant reported opening underlying deficit of £81.4 million for 2024-25.
- 11 The Health Board's Annual Plan for 2024-25 forecasts a £48.9 million deficit, which is £36.9 million higher than Welsh Government's agreed control deficit total. However, as at the end of August 2024, the Health Board was forecasting an overall in-year deficit of £47.9 million, which is a £1 million improvement against its submitted plan. Given these significant financial challenges, the Health Board is developing a three-year recovery plan as part of an agreed route map to sustainability (see **paragraph 19**). Whilst this is positive, the Health Board also needs to develop robust longer-term financial plans (alongside its long-term organisational and clinical strategies) to provide assurance that it has a clear framework in plan for identifying, mitigating, and managing its significant cost drivers beyond 2026-27. **(Please refer to the recommendation on long term financial planning in our 2024 Structured Assessment Report)**
- 12 The Health Board uses evidence from a wide range of data sources to analyse and identify savings opportunities. This is a key element of the work of the Health Board's Value and Sustainability Board, which meets fortnightly to consider progress across defined savings workstreams (such as workforce, medicines

management, and service redesign) using data from CHKS¹, VAULT², GIRFT³ reviews, and audits. The identified opportunities are captured within the Health Board's Compendium⁴, which provides a central repository for identifying and monitoring progress on both national and local savings opportunities. However, the opportunities identified in the Compendium are largely focused on delivering savings in the short-term rather than longer-term savings that have been identified from transformational service change within the Health Board. Furthermore, the Compendium has not been fully utilised across all areas of the Health Board. Additional work is therefore needed to ensure that all service areas utilise and realise the full potential benefits of the Compendium. **(Recommendation 1)**

- 13 Although the Health Board has a defined approach in place for canvassing, capturing, and assessing cost savings opportunities and best practice from staff, it is not clear to what extent these ideas and suggestions then become fully formed savings schemes. Also, the extent to which the Health Board routinely canvasses savings suggestions and ideas from service users and other stakeholders is unclear. **(Recommendation 2.1 and 2.2)**
- 14 The Health Board's Value and Sustainability Board provides oversight of the organisation's arrangements for identifying and assessing the quality implications of savings schemes. The level of detail required for the quality impact assessment is dependent on the scale of the scheme and its likely impact on patients, Health Board objectives, and partners. The Health Board is also developing other mechanisms to assess impact, risks, and benefits for savings schemes that require investment, such as its Pre-Investment Panel. Despite these defined processes, there is an inconsistency in the extent to which they have been routinely applied across all identified savings schemes. **(Recommendation 3)**

Delivery of cost improvement opportunities

- 15 As shown in **Exhibit 1**, the Health Board has a variable track record of achieving its overall and recurrent savings targets. Whilst the Health Board delivered significantly more savings in 2023-24 than it had delivered in prior years, delivery of overall savings, and in particular recurrent savings, continues to present a challenge and impacts on the Health Board's ability to meet its required year-end position. **(Recommendation 1)**

¹ CHKS - Caspe Knowledge HealthCare Systems is a provider of healthcare intelligence, benchmarking, and quality improvement services.

² VAULT - The Value, Allocation, Utilisation and Learning Toolkit is managed by the NHS Executive to support and improve resource utilisation across the Welsh NHS.

³ GiRFT - Getting it Right First Time are programmes designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

⁴ Compendium - Is the Health Board's repository for savings and efficiency ideas and initiatives, drawn from a wide variety of sources.

Exhibit 1 – Health Board’s savings track-record between 2018 and 2024

Year	Overall Savings Target (£M)	Actual overall savings delivered (£M)	Recurrent savings as a % of overall savings target	Delivered non-recurrent savings (£M)	Delivered recurrent savings (£M)
2018-19	28	28	64.3%	10	18
2019-20	16.8	15.5	56.5%	6	9.5
2020-21	33	9.5	25%	1.2	8.3
2021-22	16.6	16.5	66%	5.5	11
2022-23	26.2	23	19%	18	5
2023-24	51.5	43	54.3%	15	28

Source: Welsh Government Monthly Monitoring Returns and Health Board Finance Reports.

16 The Health Board’s position on the delivery of savings in 2023-24 would have been significantly worse than reported if it had updated its overall savings target to reflect Welsh Government’s additional 10% savings requirement of £11.3 million⁵ and the additional deficit of £33 million identified as part of its mid-year review of the 2023-24 Annual Plan. Whilst the Health Board reported the need to deliver additional savings to meet the additional 10% requirement in overall terms and address the increased mid-year underlying deficit, it did not amend its original savings target of £51.5 million to reflect these additional elements. As a result, this was not part of its routine reporting on savings to the Board and the Finance and

⁵ Welsh Government’s additional 10% savings requirement of £11.3 million was set to deliver the control total deficit of £13 million. It was based on the Health Board’s original 2023-24 Annual Plan which forecast a deficit of £112 million and not the £145 million deficit forecast as part of the Health Board’s mid-year review.

Performance Committee (F&PC). Incorporating the additional savings target would have provided a more accurate picture of the overall savings required for 2023-24, resulting in a savings target of £96 million and a reduction in the percentage of recurrent savings delivered, from 54.3% to 30%. **(Recommendation 4)**

- 17 The Health Board's savings planning is primarily focused around its annual planning process. As part of its 2023-24 budgetary control procedures, those with divisional and directorate budgetary responsibilities formally received their savings targets through the Delegation Letter, which required them to deliver savings through a mix of generic, specific, focused and stretch savings⁶. For 2024-25, the Health Board has used a two-part budget setting process. The first stage involved an initial delegation of the approved levels to divisions and directorates, followed by a second delegation during quarter 1 as part of finalising the financial savings and cost pressure plans for the year. The second stage of the budget setting process was due to take place in the second quarter of 2024-25 and aimed at ensuring the delegated savings targets are based on more robust information.
- 18 In August 2024, Internal Audit provided a reasonable overall assurance rating on the Health Board's arrangements for savings planning. Despite this relatively positive position, the Health Board's financial position for 2024-25 and beyond remains challenging in terms of savings delivery.
- 19 The Health Board has made some positive initial steps to develop a short-medium term financial plan. In July 2024, it approved a three-year route map which aims to achieve its £13 million control total by 2025-26 and deliver financial balance by 2026-27. The plan will focus on key opportunities areas such as workforce, estates, service reconfiguration, and efficiencies / improvements in productivity. The Health Board's financial route map will need to be routinely refreshed to ensure it reflects internal and external risks and remains current. At the time of our review, the granular 'delivery plan' and financial details within the route map were still being developed. **(Recommendation 5)**
- 20 The Health Board has invested in developing financial skills and capabilities to support its savings delivery; however, aspects of its financial capabilities need to be further improved. The role of Financial Business Partners⁷ to support directorates and divisions around savings planning and delivery is highly regarded by senior officers. However, despite investment in developing some general online financial training tools, there is scope to increase finance training for managers and leaders. **(Recommendation 6)**

⁶ Delegation Letter 2023/24 – (a) generic savings target of 0.75% for executive areas and 0.5% for other areas; (b) specific savings plans have been applied where there is reasonable expectation of delivery; (c) focussed opportunities where there is an indication that savings could be made but further work is required; and (d) stretch targets where applicable these include areas of spend slippage and possible funding.

⁷ Financial Business Partner is a role that has responsibility for working with divisions and directorates team providing financial support and information to support planning and operational management.

Monitoring and oversight of cost improvement opportunities

- 21 The Health Board has well-developed arrangements in place for monitoring the delivery of savings. The finance reports, which form the basis of its savings reporting, provide both a summary of progress against the key cost drivers and granular detail on savings performance across the divisions and directorates within in the report's appendices. This level of detail enables the Board, the Value and Sustainability Board, and F&PC to both understand overall savings progress and, if necessary, scrutinise progress on savings delivery at a more granular level.
- 22 The Health Board has a relatively new internal accountabilities framework in place which is designed to allow the Executive Team to hold directorates and divisions to account for their service and financial performance. However, the framework does not yet appear to fully effective, as some areas (such as Corporate Services and Scheduled Care) are significantly underachieving against their savings targets. **(Recommendation 7)**
- 23 The Health Board receives additional external scrutiny from Welsh Government over its finances following changes to its escalation status⁸. For the 'expected outcomes for its approach to savings', the Health Board needs to ensure that there are robust policies and processes around savings leading to the delivery of short-term and longer-term transformational savings. Progress against these outcomes is routinely monitored by Board and the F&PC alongside specific monitoring meetings with Welsh Government's Finance Team at the NHS Executive. As at Sept 2024, the Health Board reported that it was undertaking work to address all of its escalation objectives around Finance, Strategy and Planning.
- 24 The Health Board has clearly identified its strategic financial risks and has appropriate financial management structures in place, including the Board Assurance Framework and Corporate Risk Register. The mitigating actions and controls for these risks appear to be reasonable, and they are regularly reviewed by relevant committees and the Board. However, the Health Board's financial challenges remain, which suggests that the controls and actions might not be achieving their desired impact. **(Recommendation 8)**
- 25 The Health Board continues to carry risk within its identified savings schemes. Whilst it had identified the majority of its savings schemes for the submission of its 2023-24 Annual Plan, 37% of these savings were categorised as red meaning they carried a significantly high delivery risk. 16% of these red risk schemes remained undelivered at the end of 2023-24. The Health Board's 2024-25 Annual Plan identified 89% of the savings as either category green or amber with the remainder

⁸ In January 2024 Welsh Government escalated the Health Board to Targeted Intervention for Finance, Strategy and Planning under its [Escalation Framework](#). This has seen an enhanced level of scrutiny by Welsh Government over the progress the Health Board is making against a defined set of 'Expected Outcomes'.

categorised as red. Whilst this is an improvement on the 2023-24 position, the underlying savings figure (see **paragraph 16**) required to achieve its control total for 2024-25 is significantly greater than the Health Boards current reported savings target. **(Recommendation 9)**

- 26 The Health Board has clearly prescribed processes in place to evaluate and improve cost savings arrangements which draws on audit findings and best practice. The Health Board's Value and Sustainability Board and its Compendium tool are also key mechanisms used to share initiatives, best practice, and learning in both identifying and delivering savings. However, the extent to which the Health Board shares learning across divisions and directorates for schemes that have failed to deliver or underperformed is not clearly defined or systematically applied across the organisation. **(Recommendation 10)**

Recommendations

- 27 **Exhibit 2** details the recommendations arising from this audit. The Health Board's management response to our recommendations is summarised in **Appendix 2**.

Exhibit 1: Recommendations

Recommendations	
R1	The Health Board needs to work quickly with its divisions and directorates to develop and implement a more consistent approach to the adoption of savings opportunities within its compendium, which will also need to include a greater level of transformative, cross service efficiencies and recurrent savings, to ensure its savings are put on a more sustainable footing. (Paragraph 12 and 15)
R2.1	The Health Board should clearly demonstrate how the savings and efficiency ideas that it canvasses from its staff are then used to inform and shape deliverable savings schemes. (Paragraph 13)
R2.2	The Health board should put clear arrangements in place to canvass savings and efficiency ideas from service users and other stakeholders (Paragraph 13)
R3	The Health Board should ensure that all relevant staff are applying its quality impact assessment approach on savings schemes in a consistent manner. (Paragraph 14)

Recommendations

R4 The Health Board should strengthen its approach to the reporting of cost savings by ensuring that future savings reports to Board and committees articulate all the savings the organisation needs to deliver each year to meet its Welsh Government control total deficit. **(Paragraph 16)**

R5 The Health Board should continue to refine and update its medium-term financial plan (route map) to 2026-27 based on internal and external delivery risks and quickly take corrective action where there is slippage in its planned financial trajectory. **(Paragraph 19)**

R6 The Health Board should ensure that its current financial training and capacity building for its budget holders is sufficiently fit for purpose. **(Paragraph 20)**

R7 The Health Board should ensure its accountabilities framework is working as intended and acting as an appropriate lever to manage divisional and directorate underperformance against savings targets. **(Paragraph 22)**

R8 The Health Board and its committees need to ensure that its identified controls and mitigating action for its strategic financial risks and fit for purpose and that their ongoing scrutiny clearly identifies remedial action where these controls are not having the desired impact. **(Paragraph 24)**

R9 The Health Board should continue to strengthen its approach to identifying and developing saving schemes with a view reducing the number of schemes that are rated as red, and to maintain a focus on moving its red and amber schemes to green. **(Paragraph 25)**

R10 The Health Board should strengthen its current mechanisms for sharing learning on savings schemes to ensure that it gather and then disseminate learning from schemes that have failed or underdelivered. **(Paragraph 26)**

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: <ul style="list-style-type: none">• Board and Committees agendas, papers, and minutes.• Key organisational strategies and plans.• Savings benchmarking data.• Key risk management documents, including the Board Assurance Framework and Corporate Risk Register.• Key reports and plans relation to organisational finances and savings.• Reports prepared by the Internal Audit service.
Interviews	We interviewed the following senior officers: <ul style="list-style-type: none">• Executive Director of Finance and Procurement

Element of audit approach	Description
	<ul style="list-style-type: none"> • Medical Director and Deputy Chief Executive • Director of Workforce and Organisational Development • Interim General Manager - Scheduled Care • Chief Operating Officer • General Manager – Medicine Division • Exec Director Strategy Planning and Partnership • Head of Strategic Financial Planning
Observations	<ul style="list-style-type: none"> • Finance and Planning Committee

Appendix 2

Management response to audit recommendations

Exhibit 3: Aneurin Bevan University Health Board management response to our audit recommendations.

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
R1	The Health Board needs to work quickly with its divisions and directorates to develop and implement a more consistent approach to the adoption of savings opportunities within its compendium, which will also need to include a greater level of transformative, cross service efficiencies and recurrent savings, to	The Health Board will continue to populate and promote the 'Opportunities Compendium' with up-to-date benchmarking intelligence with information from multiple sources, including CHKS, GIRFT, Annual Costing Returns and NHS Benchmarking network, as well as other best practice exemplars and guidelines including the NHS Wales Vault and National Value & Sustainability Board recommendations.	Completed as part of existing process	Executive Director of Finance

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
	<p>ensure its savings are put on a more sustainable footing.</p>	<p>This resource has been developed through the Finance Directorate over many years and is shared and communicated regularly with the Executive Team, Divisional services as part of in year and annual planning considerations, the Finance & Performance Committee and the Value and Sustainability Board.</p> <p>Operational investments, changes and improvement plans include an assessment of benchmarks and comparators as part of evaluation.</p> <p>These opportunities may impact both system and specialty level savings including short term and long-term service sustainability from theatre productivity through to potential bed rationalisation and thus site reductions.</p> <p>The expectation is that budget holders will review, consider and identify actions to implement appropriate changes to achieve better efficiency and cost reductions, while maintaining safe care for patients.</p> <p>The Health Board will continue to advocate the resource as a source of improvement opportunities and expect budget holders and service managers to utilise it to identify and deliver financial benefits and efficiency delivery.</p>		

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
R2	<p>R2.1 The Health Board should clearly demonstrate how the savings and efficiency ideas that it canvasses from its staff are then used to inform and shape deliverable savings schemes.</p> <p>R2.2 The Health board should put clear arrangements in place to canvass savings and efficiency ideas from service users and other stakeholders</p>	<p>The first tranche of savings ideas from staff have been reviewed and assessed by the Health Board Value and Sustainability theme executive leads. The plethora of ideas received identified many issues that were being progressed where appropriate to do so and new ideas shared directly with service leads for consideration. Feedback on key initiatives is given through CEO briefings and the frequency of this will be increased. A second exercise to review more recent ideas received is being progressed. In addition, regular finance & savings updates are provided to ‘Staff side’ at the Trades Union Partnership Forum meetings.</p> <p>Arrangements to identify opportunities for improvement from patients and stakeholders are based on a range of approaches, including patient involvement in consultations, specific project work (e.g. Value based healthcare projects) and receiving feedback from Llais. Opportunities to learn from patient compliments and complaints are also taken as part of learning across all services. Patient stories are also used as a mechanism to identify good practice.</p> <p>We are also promoting the Bevan Commission campaign of “Silly Rules” within the organisation, encouraging service users, stakeholders and staff to identify opportunities, through the review of “silly rules” to improve, streamline or</p>	March 2025	V&SB Theme Lead Executive Directors

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
		where appropriate remove steps, requirements or processes. We will review the outcome of this work to see if there are local opportunities.		
R3	The Health Board should ensure that all relevant staff are applying its quality impact assessment approach on savings schemes in a consistent manner.	The ABUHB QIA process was developed and formally signed off by the Board in September 2023, this is the process all savings proposals are required to progress through if they are likely to have a direct impact on provision of patient care. Guidance on the application and criteria for the savings and QIA process has been shared by Planning leads as part of the Annual planning process, additionally the Executive team review savings to ensure the process is appropriately followed.	Completed as part of existing process	Executive Director of Strategy, Planning & Partnerships
R4	The Health Board should strengthen its approach to the reporting of cost savings by ensuring that future savings reports to Board and committees articulate all the savings the organisation needs to deliver each year to meet its	<p>The Board has well established best practice mechanisms for transparently reporting the forecast financial and savings position which have been subject to Welsh Government and audit review.</p> <p>Health Board savings reporting is aligned to the guidelines and requirements of the Welsh Government financial management regime.</p>	Health Board reporting will continue in current format which is compliant with Welsh Government guidelines	Executive Director of Finance

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
	Welsh Government control total deficit.	The overall health board expenditure forecast above funded levels, compared with the level of savings planned identifies a shortfall as the Health Board forecast deficit. This is reported against the statutory duty to break even as well as clearly stating the comparison with the control total set by Welsh Government.	and best practice.	
R5	The Health Board should continue to refine and update its medium-term financial plan (route map) to 2026-27 based on internal and external delivery risks and quickly take corrective action where there is slippage in its planned financial trajectory.	The Health Board's 'Route map to recovery' was approved by the Board in July 2024, as part of the Value and Sustainability Board savings identification process and the annual planning process the detailed actions will be further developed. The 2025/26 Planning process will confirm the delivery plan against the route map.	March 2025	Chief Executive Officer & Executive Director of Finance
R6	The Health Board should ensure that its current financial training and capacity building for its budget holders is sufficiently fit for purpose.	The Health Board has several staff education, training, guidelines and development offers to improve financial and business acumen, these are considered as fit for purpose and are regularly revised and added to. Many of these were developed as a result of the Board becoming aware of the	Complete as part of existing process.	Executive Director of Finance/ Executive Director of

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
		<p>need for improvements in some staff budget and business management capabilities. The current portfolio includes:</p> <ul style="list-style-type: none"> • Induction training including Financial Control Procedures • Specific new budget holder finance system training • Specific new budget holder procurement training • Specific electronic staff record training • Budget management e-learning tool • Roster management training • Medical Job planning training • Procurement update training sessions • Contract management FCP awareness training • Counter Fraud training • Clinical Director business training programme (CDx) • Directorate Manager business training programme (DMx) • Business Case content/process guidance • Governance and control self-assessment tools • Value Based Healthcare training programme 		<p>Workforce and Organisational Development/ Executive Director of Nursing</p>

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
		<ul style="list-style-type: none"> Quality Improvement training programme <p>Plus, bespoke or repeat training on request or relevant to business need provided by expert business partners.</p> <p>Additionally, the Board will be examining recruitment processes to ensure financial competencies are adequately tested. We are also working with HEIW to contribute to the development of a framework for management competencies, of which, financial and business acumen along with budget management will need to feature strongly.</p>		
R7	The Health Board should ensure its performance and accountability framework is working as intended and acting as an appropriate lever to manage divisional and directorate underperformance against savings targets.	The Board has established a performance and accountability framework that operates an assessment of performance that may invoke management escalation arrangements where performance is not as expected. This framework was approved by the Board in September 2023. This specifically includes financial performance measured by budget holder budget variance.	May 2025	Executive Director of Strategy, Planning & Partnerships

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
		<p>Where adverse performance is identified, and triggers are met the budget holder may be subject to escalation measures. This is discussed by the executive team. Savings delivery performance is an element of this process however this is given greater focus as part of divisional assurance reporting and Value and Sustainability Board reporting.</p> <p>The Performance and Accountability arrangements are to be reviewed as part of the 12-month review of the Performance Management Framework.</p>		
R8	<p>The Health Board and its committees need to ensure that its identified controls and mitigating action for its strategic financial risks and fit for purpose and that their ongoing scrutiny clearly identifies remedial action where these controls are not having the desired impact.</p>	<p>As a simple measure of the system effectiveness and delivery of the desired impact the observation is noted, as the Board is reporting a deficit.</p> <p>The Board would appreciate clarity on the assessment of whether the controls established are an issue or whether the remedial actions are an issue to enable the appropriate remedial action to be developed.</p> <p>The Board does accept that further savings are achievable and will need to be delivered, however the Board cannot make savings without reference to the context in which it operates, for example responding to system pressures and achieving government elective care targets, some of which</p>	<p>Completed - Existing governance mechanisms will continue.</p>	<p>Executive Director of Finance</p>

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
		<p>are externally driven beyond the control of the health board e.g. emergency demand and availability of social care.</p> <p>The safety of patients is the prime objective of the health board.</p> <p>See response to R7 above which refers to a review of our performance accountability framework which forms part of improving delivery.</p>		
R9	<p>The Health Board should continue to strengthen its approach to identifying and developing saving schemes with a view reducing the number of schemes that are rated as red, and to maintain a focus on moving its red and amber schemes to green.</p>	<p>The Health Board has delivered some of the highest value savings across Wales for 2023/24 and expected for 2024/25. The Board will continue to identify opportunities to progress as savings and efficiencies under its current Value & Sustainability Board mechanisms, with further escalation of delivery through delegated budget leads and through the accountability framework arrangements.</p> <p>The route map to recovery will act as a steer for strategic themes along with key programme workstreams.</p> <p>External factors referenced in response to R7 will influence the pace of delivery.</p>	Completed	V&SB theme lead Executive Directors

Ref	Recommendation	Management response	Completion date	Responsible officer (title)
R10	The Health Board should strengthen its current mechanisms for sharing learning on savings schemes to ensure that it gather and then disseminate learning from schemes that have failed or underdelivered.	The Board has an established mechanism for reporting all saving schemes status, these reports are shared with all budget holders as part of the Value & Sustainability Board process and successful and failing schemes are discussed to promote shared learning. Where high value schemes are failing these are explicitly considered and reviewed further to determine what mitigating action may be possible.	Completed as part of existing process	V&SB theme lead Executive Directors



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Agenda Item

6.2.2

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
---	-------------------------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance (PPF) sub-committee at its meeting on 8 April 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
Alert / Escalate	<ul style="list-style-type: none"> There were no items to be deferred or escalated on this occasion.
Advise	<ul style="list-style-type: none"> An implementation plan for the 2025/26 Foundation Plan, signed off by the JCC on 18 March 2025 is being developed, with senior responsible officers identified across the programme as enablers for the plan. Members noted that discussions are underway with Health Board (HB) colleagues who have offered to collaborate on elements of the implementation plan. Members were advised of the changing operating model for ambulance services from Welsh Government (WG) which introduces an additional purple category for cardiac arrest and an updated red category. The JCC will need to review the size, scale and type of ambulance resources that the JCC commissions against any service changes which are proposed in response. Risk 03 - Plastic Surgery Delays was highlighted. Members were reminded of the additional funding received from WG towards the end of 2024/25 to support the delivery of waiting time targets. Additional funding would need to continue in 2025/26 but the timeliness of confirmation will be critical to ensure better value in delivering the activity plans.
Assure	<ul style="list-style-type: none"> Members were informed that a Q4 position against the extant plans inherited from the three predecessor bodies would be brought to the meeting in June 2025 for assurance on their delivery. The associated risks for services that sit below the line in the Foundation Plan for 2025/26 will be wrapped into the forward work programme moving forward. High-level milestones for the 2026/29 three-year IMTP will be reviewed by the JCC Senior Leadership Team (SLT) and brought to the PPF sub-committee for assurance. Members received the first report on the assignment of risks from the overarching JCC risk register to each subcommittee for monitoring and scrutiny, with 14 risks scored 15 and above. Seven of these risks have been

	<p>assigned to the PPF subcommittee for review and assurance.</p> <ul style="list-style-type: none"> • The Month 11 Financial Performance Report was received noting: <ul style="list-style-type: none"> ○ £6.9 million deficit at year end which was in line with the forecast. ○ Non-recurrent funding of £8.9 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk. ○ The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. Engagement with both NHS Wales and English providers will be key, with a specific focus on referral management for providers in England. • The JCC Performance Report for December 2024 was received. It was noted that this report had been presented to the previous PPF sub-committee at its meeting in February due to the timing of the meeting and publication of the report being slightly out of sync. Alignment of the meeting dates was being reviewed. • The report was taken as read with the following points highlighted: <ul style="list-style-type: none"> ○ An update on services in escalation, including the de-escalation of plastics and the escalation of bariatrics at Salford to Level 3. ○ The challenges with medium secure mental health services, including the impact of the fire incident and the need for modernisation of facilities. • The PPF Highlight Report was received for information and assurance noting that the report is shared with HB board secretaries for consideration and inclusion on their respective planning, performance and finance sub-committees. The same is done for the Quality, Safety and Outcomes sub-committee for the respective HB quality and patient safety committees.
<p>Inform</p>	<ul style="list-style-type: none"> • Members noted the Cabinet Secretary’s announcement and the potential role of the JCC in commissioning parts of the independent sector provision at a national level to support HBs with planned care waiting times. • The Forward Plan of Business for the next twelve months was presented for information, noting that it would feature as a specific report to the JCC in May

	2025 as part of the committee's overarching forward plan of business. It was agreed that the development of a long-term strategy for the JCC would be included within the forward plan.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Refine
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	
---	--

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	Choose an item.	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Annual Report for 2024-25

DATE: MARCH 2025

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2024/25, which will continue into 2025/26.

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

Diolch yn Fawr / Thank you

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

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

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

- 1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management and Accountability Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 1.3 This report describes how the FPC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Finance and Performance Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee’s terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3 FPC Committee Meetings and Membership

- 3.1 During 2024-25, the FPC met four times via Microsoft Teams- June 2024, September 2024, December 2024 and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

- 3.2 The Committee comprised the following Independent Members:

- Richard Clark Chair
- Iwan Jones Vice Chair
- Dafydd Vaughan
- Helen Sweetland
- Neil Patrick

- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

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

4 FPC Reporting Arrangements

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

5. FPC Work Programme: 2024-25

5.1 Amongst the key issues considered by the Committee during 2024-25 were the following:

Finance

- **Finance Report and Monitoring Returns**, which updated the Committee on any financial deficit the organisation was subject to throughout the year, as well as an overview on spending allocation.
- **Value and Sustainability Assurance Report**, provided quarterly updates to the Committee, outlining the savings positions aligned to divisional reported schemes and Value and Sustainability Board Theme areas.
- **Efficiency Opportunities 2024/25**

Performance

- **Digital, Data and Technology Group Report**, which highlighted successful projects such as, completion and instillation support of Body Cam security solution.
- **Information Governance and SIRO Report**, which provided assurance on Cyber Security and Information Governance.
- **Update on application of Health Board's Performance Management Framework**, which provided an overview of the Performance and Accountability Framework 6 monthly reviews for all nine directorates
- **Performance Report**, provided a quarterly update which was presented to both the Committee and the Board.
- **Capital Builds Impairment Report**, presented 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.
- **Estates Compliance Overview**, the Committee were notified of staff shortages and other limitations which had contributed to a negative compliance in relation to backlog figures.
- **Corporate Information Performance Report**, provided assurance on Freedom of Information requests received under the Freedom of Information Act (2000).
- **Committee Risk Report**

6. Self-assessment and Evaluation

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

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Finance and Performance Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

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

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

Finance & Performance	Areas for Improvement based on comments received	Action
<p>Committee Processed: Composition, Establishment and Ways of Working (Q1-26)</p>	<p>Terms of Reference: to be reviewed following self assessment and review of performance management framework</p> <p>Running of the Committee: Ensure that appropriate time allocated on the agenda to enable full debate due to the volume of information provided. Committee often overruns.</p> <p>Attendance of officers: At times it can be difficult to give complete assurance on performance relating to operational actions if COO not present.</p> <p>Quality of Reports: Papers are often too comprehensive which means it can be hard for IMs to recognise key issues. They are typically bundles of pre-existing working documents used by the exec directors and teams. Every aspect of a topic is presented largely unedited. This is good for transparency but requires IMs to spend a lot of time trying to identify strengths, weaknesses opportunities and threats. Risks and merits equally can therefore sometimes pass unnoticed.</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p>	<ul style="list-style-type: none"> • Terms of Reference reviewed and will be presented to the Committee in April for further comment prior to submission to the Board in May 2025. • Forward Work Programme for 2025/26 under development and committee frequency increased from quarterly to bi monthly • Attendance of appropriate officers to be agreed at agenda setting. • Report writing included within Development programme being developed with the Good Governance Institute • Revised local Induction Programme being developed for the Health Board

Financial Management and Financial Performance (Q27- 29)	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

7. Key Areas of focus in 2024-25

7.1 To maintain focus on financial planning for 2024/25, organisational performance, with attention to risk-based exception reporting.

8. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **2** organisational risks that relate to various aspects of Finance and Performance. A breakdown of the current risks is depicted below:

High	2
Moderate	0
Low	0

A high-level breakdown of the themes are as follows:

- **Financial Sustainability & Compliance and Safety:** There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.
- **Service Delivery:** There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the FPC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

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

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

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

2. PURPOSE

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

2.2 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

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

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

3. DELEGATED POWERS AND AUTHORITY

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

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

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

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

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

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

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

Authority

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

The Committee may seek any relevant information from any:

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

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

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

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

Committee Programme of Work

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

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

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

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

4.3 By invitation:

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

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

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

Secretariat

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

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Openness and Transparency

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

Withdrawal of individuals in attendance

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

so, the Committee shall resolve:

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

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

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

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on

activity, and the submission of Committee minutes and written reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

9. CHAIR'S ACTION ON URGENT MATTERS

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

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

10. REVIEW

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



Annual Programme of Business for 2024-25

Committee Name: Finance & Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board’s Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board’s Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023 and the Structured Assessment 2023 recommendations
- The Board’s Assurance Framework and Corporate Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Key:

	Matters of essential governance – Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions

Area of Focus as per Standing Orders:

The Finance & Performance Committee provides advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee seeks assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee seeks assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

ASSURANCE

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

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

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Preliminary Matters										
Attendance and Apologies	Chair			SI			✓	✓	✓	✓
Declarations of Interest	All Members			SI			✓	✓	✓	✓
Minutes of the Previous Meeting	Chair			SI			✓	✓	✓	✓
Action Log and Matters Arising	Chair			SI			✓	✓	✓	✓
Generic										
Development of Committee Annual Programme of Business 2024/25	DoCG			An			✓			
Review of Committee Programme of Business	DoCG			SI			✓	✓	✓	✓
Committee Strategic Risk Report	DoCG			SI				✓	✓	
Annual Review of Committee Terms of Reference 2023/24	DoCG			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Annual Review of Committee Terms of Reference 2024/25	DoCG			An	[REDACTED]	✓				
Annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Outcome of annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Committee Annual Report 2024/25	DoCG			An					✓	
Tailored to the Committee										
<i>Assurance in Respect of Organisational Performance Management</i>										
Performance Overview Report with Exception Reporting	DoSP&P			SI		✓	✓	✓	✓	
Outpatient Transformation Update	CPP			An		✓				
Performance against Ministerial Priorities for Planned Care	DoSP&P			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Digital and information management and technology (IM&T) systems	DoD			An	[REDACTED]			✓		
Capital and estates related objectives and priorities as set out in the Board's IMTP	DoSP&P			An					✓	
Compliance with Health Technical Memorandums	DoSP&P			An					✓	
Capital Business Cases and programmes of work	DoSP&P			An					✓	
Commissioned Services	DoSP&P			An					✓	
Performance Management and Accountability Framework Update	DoSP&P			SI		✓	✓	✓	✓	
Quarterly assurance reports from the Digital, Data and Technology Group	DoD			SI		✓	✓	✓	✓	
<i>Assurance in Respect of Financial Management and Performance</i>										

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Monthly Finance Report and Monitoring Returns	DoF&P			SI		✓	✓	✓	✓	
Efficiency Opportunities	DoF&P			SI		✓	✓	✓	✓	
Value Based Healthcare Report 2022/23	DoF&P			An		✓				
Financial Outlook for 2024/25, including Revenue Budget Allocation letter 2024/25	DoF&P			An					✓	
Review of Savings and Action Plans	DoF&P			An			✓			
Benefits Realisation with exception reporting, including savings opportunities	DoF&P/ DoSP&P			An					✓	
AD-HOC										
<i>Assurance in Respect of Organisational Performance Management</i> To receive a report on the quality of Coding	DoD			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Assurance in Respect of Organisational Performance Management Radiology Informatics System Procurement (RISP) Programme Update</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Robotic Process Automation- cost and benefit realisation (ARAC action)</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Stroke Improvement Plan</i>	DoT&HS			An				✓		
<i>Assurance in Respect of Organisational</i>	DoN/ DoSP&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Performance Management</i> Performance Overview Report with Exception Reporting to include an update on the progress and impact of the Integrated Discharge Hub (Action 2106/02.2)										
<i>Assurance in Respect of Organisational Performance Management</i> An update on the Discharge Programme and delays, including reporting against the new national data sets. (Action 2106/02.3.1)	DoN			An				✓		
<i>Assurance in Respect of Financial Management and Performance</i>	DoD/ DoF&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
To Receive an Update of IT Systems- Action taken from November 2023 Board										
Progress Against strategic risks held by The Director of Digital SRR 006 a) Due to the full or partial failure of existing digital infrastructure and systems b) B) Due to an adverse impact on service delivery in the implementation of new digital systems c) c) Due to a failure to develop digital solutions that are sustainable and fit for the future	DOD			Bi-annually		✓		✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Reason why included in the programme	
	Matters of essential governance - Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
GP	Good Practice
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2024-25

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	17 th June	9 th September	16 th December	17 th February
Independent Members				
Richard Clark				
Iwan Jones				
Helen Sweetland				
Dafydd Vaughan				
Neil Patrick				
Executive Directors				
Robert Holcombe				
Nicola Prygodzicz				
Hannah Evans				

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



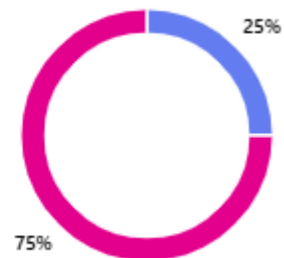
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



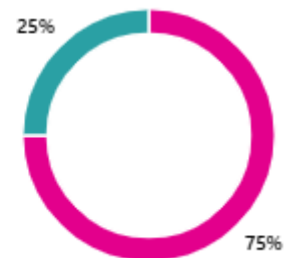
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	1



5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



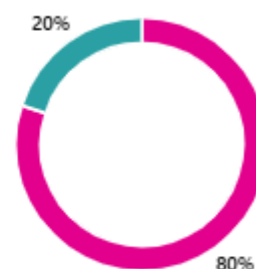
6. Members who have recently joined the FPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to finance and performance matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



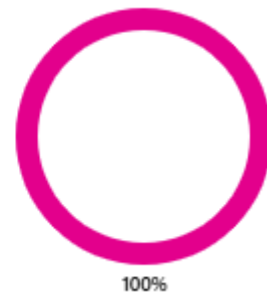
8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



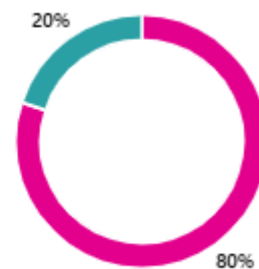
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



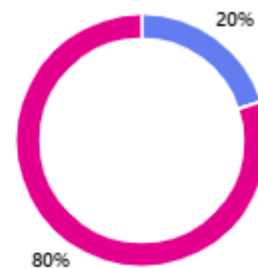
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



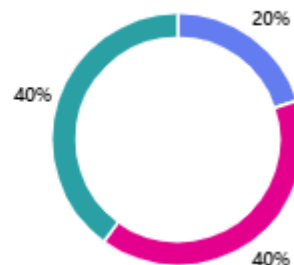
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 2



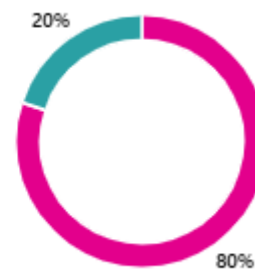
16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 3



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



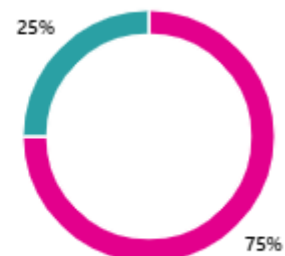
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



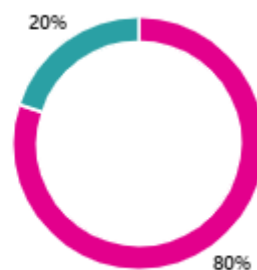
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 1



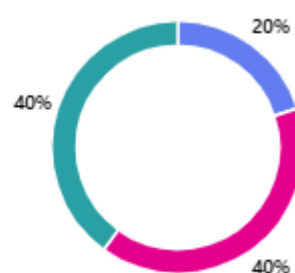
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



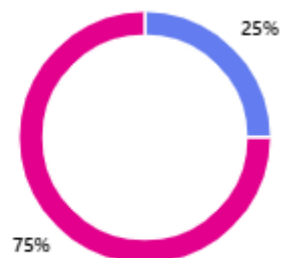
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	2



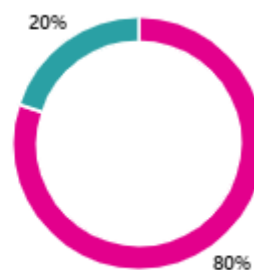
22. Decisions and actions are implemented in line with the timescale agreed?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



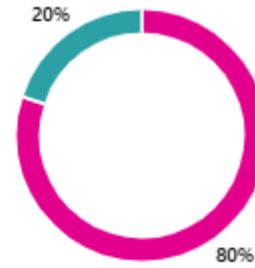
23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 2



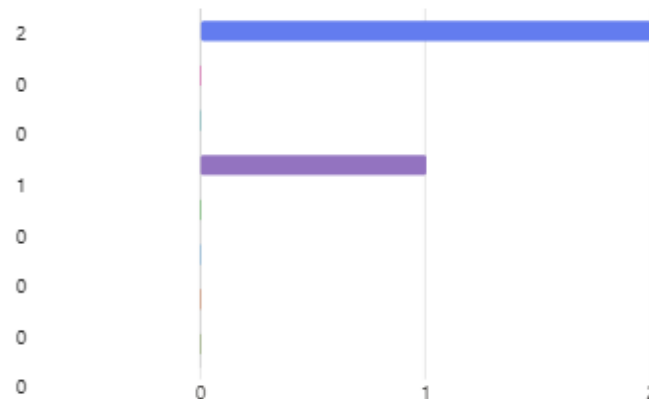
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0

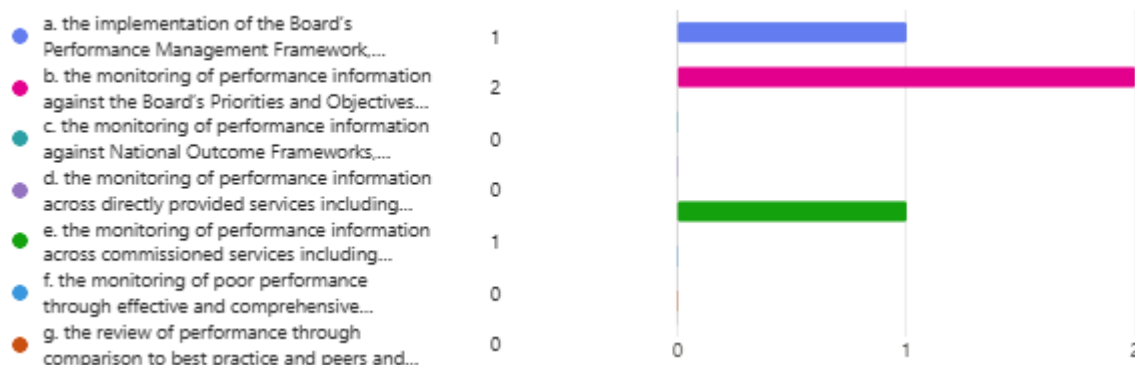


27. Is the committee satisfied that it has received sufficient assurance in respect of the Health Board's arrangements for financial management and financial performance being sufficient, effective and robust, including:

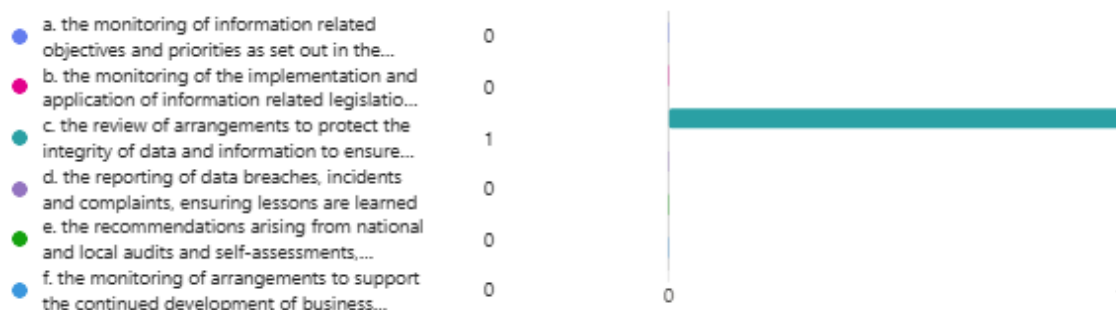
- a. The allocation of revenue budgets, based on allocation of funding and other forecast... 2
- b. The monitoring of financial performance against revenue budgets and statutory... 0
- c. The monitoring of performance against capital budgets 0
- d. The monitoring of progress against savings plans, cost improvement programmes and... 1
- e. The monitoring of budget expenditure variance and the corrective actions being... 0
- f. The monitoring of activity and financial information for external contracts to ensure... 0
- g. The monitoring of arrangements to ensure efficiency, productivity and value for money... 0
- h. The monitoring of delivery against the agreed Discretionary Capital Programme 0



28. Is the Committee sufficiently assured that the arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:



29. Is the Committee satisfied that arrangements for information management are sufficient, effective and robust, including:



Overall Score

- **Room for improvement** - The FPC is falling short of requirements and should consider how it can work... 0
- **Meeting standards** - The FPC is performing to the required standard in this area. There may be room... 5
- **Excelling** - This is an area where the FPC is performing beyond the standard expectations and i... 0





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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Terms of Reference – 2025/26

Version: Approved

Date: May 2025

Document Title:	Finance and Performance Committee Terms of Reference – 2025/26
Date of Document:	May 2025
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Previous version:	March 2022
Approved by:	Board
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1. INTRODUCTION

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

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

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

2. PURPOSE

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

2.3 **ASSURANCE**

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

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

3. DELEGATED POWERS AND AUTHORITY

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

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

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

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

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

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

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

- the monitoring of arrangements to support the continued development of business intelligence and capacity.

D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:

- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
- the monitoring of the annual business plan for IM&T.

E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of compliance with Health Technical Memorandums;
- the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

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

The Committee may seek any relevant information from any:

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

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance

of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

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

Committee Programme of Work

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

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members 2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

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

- Director of Finance, Procurement and VBHC
- Director of Strategy, Planning and Partnerships
- Director of Digital
- Chief Operating Officer

4.3 By invitation:

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

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

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

Secretariat

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

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Openness and Transparency

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

9. CHAIR'S ACTION ON URGENT MATTERS

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

10. REVIEW

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

Project Brief – Digital Transformation Review – Aneurin Bevan University Health Board

Audit year: 2024

Date issued: May 2025

This document has been prepared for the internal use of Aneurin Bevan University Health Board as part of work to be performed] in accordance with statutory functions designed to support the Auditor General's duties ' under section 61(3) (b) of the Public Audit Wales Act 2004.

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party in respect of this report.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Project brief

Background

- 1 Digital transformation in healthcare refers to the strategic and comprehensive use of digital technologies to enhance patient care, improve efficiency, and drive innovation.
- 2 Welsh Government's 2018 long-term plan for health and social care - A Healthier Wales - highlights the importance of digital technologies and data as key enablers of transformational change and sets out the benefits that better use of digital, data, and communications technology will bring to health and social care services in Wales.
- 3 In 2023, Welsh Government published a refreshed Digital and Data Strategy for Health and Social Care as a key enabler for A Healthier Wales. The strategy sets out three core aims:
 - transforming digital skills and partnerships;
 - building digital platforms and meeting the needs of Wales; and
 - focussing on making services digital first.
- 4 However, the strategy has been introduced at a time where health bodies in Wales are facing several challenges, including:
 - pressures associated with the ongoing post-pandemic recovery of services;
 - rising demographics across the population and more complex co-morbidities;
 - financial constraints driven by inflationary pressures and the cost-of-living crisis;
 - rising expectations by patients and service-users for digital services but increased risk of digital exclusion;
 - a competitive market for the digital and data workforce;
 - limited availability of capital funding to invest in digital technologies and solutions; and
 - complexities associated with rolling-out certain national digital programmes, such as the Laboratory Information Network Cymru (LINC), the Radiology Informatics System (RISP), and the Welsh Community Care Information System (WCCIS).
- 5 Notwithstanding these challenges, digital transformation continues to present opportunities for health bodies to embrace and make better use of digital technology to redesign services and service delivery, improve efficiency and productivity, and foster a culture of innovation and continuous improvement.

Legal basis

- 6 This work is being undertaken under section 61(3) (b) of the Public Audit Wales Act 2004 to satisfy the Auditor General that the organisation has proper arrangements in place to secure the efficient, effective, and economical use of resources.

Our audit

Audit objective

- 7 The objective of this audit is to understand and assess whether health bodies in Wales have the necessary arrangements in place to use and embed digital to improve the effectiveness and efficiency of their services. This will allow us to better understand the factors that enable and / or impede digital transformation within each health body in Wales.

Audit question, scope, and criteria

- 8 The audit will seek to answer the overall question: **Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?** In doing so, we will assess the extent to which the health body:
- has a well led and appropriately resourced approach to digital transformation;
 - is developing the digital skills, capacity, and capability of its workforce;
 - has a clear plan for managing its cyber security arrangements and digital infrastructure;
 - engages effectively with staff, partners, patients / service users to deliver its digital ambitions and minimise digital exclusion risks; and
 - is actively utilising digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services.
- 9 **Appendix 1** contains our audit questions and the audit criteria that we are using to help determine “what good looks like”.
- 10 We are undertaking this audit at all health bodies in Wales. However, we will undertake additional work at Digital Health and Care Wales (DHCW) to examine its system leadership role.

Audit methods

- 11 The audit will use the following methods to gather and assess the evidence for our audit:
- **Self-Assessment** – We will ask the health body to complete and return a self-assessment that reflects the Board’s agreed position on the audit questions and criteria. The health body will be asked to enable all Board members to contribute to the self-assessment to ensure it reflects the views, experiences, and perspectives of the whole Board. We will expect the final self-assessment to be endorsed by the whole Board prior to submission.
 - **Documentation review** – We will review the documentary evidence provided by the organisation in support of its self-assessment. We will liaise with the Board Secretary / Director of Corporate Governance to access additional documents which are not available in the public domain.
 - **Interviews** – We will conduct interviews with key personnel relevant to our audit (e.g. Directors of Digital). We will agree the list of interviewees with the Board Secretary / Director of Corporate Governance and arrange for them to be held on mutually convenient dates and times when we begin the evidence gathering stage. Our default position is that these interviews will be virtual, but we have the option of holding them in person if that is preferred or more appropriate.

- **Meeting observations** – We will observe any relevant meetings that take place during the time of our audit. We will notify the Board Secretary / Director of Corporate Governance of any meetings we intend to observe.
 - **Data analysis** – We will analyse any financial and workforce data we deem relevant to our audit.
- 12 We will conduct our fieldwork in line with the health body’s stated language preference, which will be agreed at the commencement of the audit. We will make every reasonable effort to accommodate language preferences of individuals during the audit if we receive these at the point of setting up fieldwork.
- 13 Our work will be delivered in accordance with INTOSAI¹ audit standards.

Output

- 14 We will produce and publish a report outlining our findings and making recommendations for improvements where applicable.

Timetable

- 15 **Exhibit 1** shows the high-level timetable of the main audit stages. The timings shown are indicative and dependent on the timely receipt of information required for the audit, and the availability of key personnel to attend interviews.

Exhibit 1: Audit timetable

Stage	Date
Issue project brief	Apr-2025
Issue draft output	July 2025
Issue final output	August 2025

Audit Wales contacts

- 16 **Exhibit 2** sets out the Audit Wales team that will be working on this audit.

¹ International Organisation of Supreme Audit Institutions

Exhibit 2: Audit Wales contacts

Name	Name	Contact details
Audit Director	Dave Thomas	dave.thomas@audit.wales
Audit Manager	Darren Griffiths	darren.griffiths@audit.wales
Audit Lead	Nathan Couch	nathan.couch@audit.wales
Senior Auditor / Audit Lead	Sara Utley	sara.utley@audit.wales

Project brief

Appendix 1 - Audit questions and criteria

Audit Level 1 question: Does the health body have the necessary arrangements in place to support and embed effective and safe digital transformation?

Level 2 questions	Level 3 questions	Criteria
Does the health body have a well-led and appropriately resourced approach to digital transformation?	Are the health body's digital transformation ambitions clearly set out and resourced in an organisational-wide Digital Strategy and delivery / benefits realisation plan?	<p>The health body has a strong, Board-approved Digital Strategy that:</p> <ul style="list-style-type: none">• Clearly outlines its vision, aims, and priorities for digital transformation.• Is based on an understanding of the organisation's current digital maturity.• Is integrated with other key strategies and plans, supporting clinical, financial, workforce, estates, and operational goals.• Was developed with input from clinicians, staff, patients, and service users.• Aligns with national digital transformation priorities, including Welsh Government's Once for Wales ambitions.• Considers digital/IT workforce needs.• Considers the business benefits expected from digital initiatives.

Level 2 questions	Level 3 questions	Criteria
		<p>The health body has a well-developed implementation and benefits realisation plan to support its Digital Strategy that:</p> <ul style="list-style-type: none"> • Includes SMART milestones and a clear set of actions with assigned responsibilities. • Clearly identifies the resources needed, linking them to the overall resource commitment in the Digital Strategy. <p>The health body understands the resources needed to deliver its Digital Strategy and the Board is committed to providing these resources:</p> <ul style="list-style-type: none"> • Digital investment requirements are clearly outlined for the short, medium, and long term. • Resources are committed across the entire lifecycle of digital programmes and services (i.e. when they are operationalised and become 'business as usual'). • There is strong Board support for these investment plans. • Investment plans highlight the benefits and potential cost efficiencies of digital transformation.
	<p>Is the health body's Digital Strategy clearly understood and owned by the Board?</p>	<p>The health body's Digital Strategy is clearly understood and owned by the Board:</p>

Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • It has a high profile across the organisation. • The strategy is key to driving digital transformation and enabling wider organisational aims. • Board development activities effectively build awareness and understanding of the opportunities and organisational requirements for delivering and achieving digital transformation. • The strategy has been well communicated to staff throughout the organisation. • There is clear digital leadership at Board level: • The CIO/Director of Digital is a Board member or regularly attends Board meetings to provide digital expertise and / or • An Independent Board Member is nominated to lead digital transformation. <p>The health body has multi-professional digital health leadership across different healthcare disciplines / business areas, including clinicians (where relevant), IT professionals, and administrators to drive innovation, achieve efficiency, and (where relevant) improve patient care.</p>

Level 2 questions	Level 3 questions	Criteria
	Does the Board provide effective oversight of delivery, benefits, and risks?	<p>The health body has clear and effective accountability for delivering its digital transformation goals:</p> <ul style="list-style-type: none"> • Clear responsibilities and necessary expertise are in place to inform the Board's decision-making and oversight. <p>The health body has effective oversight arrangements for delivering its Digital Strategy and intended benefits:</p> <ul style="list-style-type: none"> • Progress on the Digital Strategy and implementation plans is routinely reported to the Executive Team and Board/relevant committee. • Business benefits are monitored and reported to the Executive Team and Board/relevant committee. • Digital solutions are considered as enablers for operational and strategic decisions, featuring in business cases, service changes, and Board reports. • Clear directions are provided by the Executive Team, Board, and/or relevant committee when digital plans do not meet milestones, targets, or business benefits. • The health body receives independent assurance on its digital arrangements from Internal Audit and other assurance providers.

Level 2 questions	Level 3 questions	Criteria
		<p>The health body has effective and robust arrangements for managing risks to its Digital Strategy:</p> <ul style="list-style-type: none"> • There is an effective process for identifying, assessing, and recording key strategic and corporate risks related to the Digital Strategy. • Risks are recorded, monitored, and managed by the relevant accountable owners.
<p>Is the health body developing the digital skills, capacity, and capability of its workforce?</p>	<p>Does the health body have an effective approach to assessing and addressing the digital skills, capacity, and capability of its workforce?</p>	<p>The health body has a well-developed understanding of its workforce’s digital skills, capacity, and capability:</p> <ul style="list-style-type: none"> • It has used HEIW’s Digital Capability Framework (or equivalent) to understand skills, behaviours, and attitudes towards digital technology across the organisation. • The assessment has identified gaps in digital skills at a detailed level, allowing for a targeted approach to building skills capabilities. • The assessment considers both current and future digital skill requirements.
	<p>Does the health body have an effective approach to address any gaps in digital skills, capacity and capability of its workforce?</p>	<p>The health body has a clear plan to address gaps and enhance the digital skills, capacity, and capability of its workforce:</p>

Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none">• The plan is based on a thorough understanding of current digital skills and what is needed for digital transformation.• Resources are committed to delivering the plan for the short, medium, and long term.• There is a clear vision of what a digitally enabled workforce looks like.• The plan integrates with national digital workforce development programmes, such as:<ul style="list-style-type: none">- A Healthier Wales: Our Workforce Strategy for Health and Social Care- Digital and data strategy for health and social care in Wales- HEIW Digital Capability Framework- HEIW Digital and Data Strategy• Sufficient digital resources (online courses, e-learning platforms, webinars, virtual workshops, etc.) are available to enhance workforce skills.• Risks to achieving the plan are well documented, with appropriate controls and mitigations in place.• There are appropriate arrangements in place to attract, hire, and retain digital and data professionals with the necessary expertise required by the health body.

Level 2 questions	Level 3 questions	Criteria
<p>Does the health body have a clear plan for managing its cyber security arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?</p>	<p>Does the health body understand and effectively manage its current cyber security risks?</p>	<p>The health body has a clear understanding of current and future cyber security risks, with arrangements in place to manage them:</p> <ul style="list-style-type: none"> • There is a cyber security/resilience strategy defining current and future risks, threats, and opportunities. • The Board understands the cyber security risks and has approved mitigation plans. • Cyber security protocols are embedded through regular training and testing. • There is a plan to respond to the Cyber Assessment Framework from the Cyber Resilience Unit. • Cyber security risks are assessed in the development of new IT systems using risk assessment tools.
	<p>Does the health body understand how its cyber security arrangements will need to change to deliver digital transformation?</p>	<p>The health body understands how its cyber security arrangements align with its digital transformation goals:</p> <ul style="list-style-type: none"> • Cyber security is a key part of the Digital Strategy. • Digital transformation decisions consider cyber security risks and impacts. • Tensions between cyber resilience and digital transformation are shared, understood, and mitigated.

Level 2 questions	Level 3 questions	Criteria
	<p>Is the health body taking appropriate action to update its digital infrastructure to achieve its Digital Strategy and ambitions, including replacing outdated, unsupported, and obsolete software and hardware?</p>	<ul style="list-style-type: none"> • The health body engages with national NHS cyber expertise to manage cyber risks in the context of its digital strategy <hr/> <p>The health body has a comprehensive understanding of its IT infrastructure gaps, risks, weaknesses, and requirements:</p> <ul style="list-style-type: none"> • These gaps, risks, weaknesses, and requirements have been clearly communicated to the Board. • There is a clear understanding of challenges with system interoperability. • A plan is in place to address interoperability challenges <p>The health body has effective arrangements in place to oversee and replace outdated, unsupported, and obsolete digital software and hardware:</p> <ul style="list-style-type: none"> • A comprehensive inventory / service catalogue that details all digital software and hardware, including age, support status, condition, and owner / responsible officer. • Up-to-date policies and procedures for replacing outdated technology, with evidence of staff awareness and compliance. • Plans and budgets in place for IT upgrades and replacements.

Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • Robust risk assessments of outdated technology with plans to mitigate associated risks. • Performance reports highlight issues caused by outdated technology. <p>The health body is taking appropriate action to align its IT infrastructure with its Digital Strategy and long-term digital ambitions:</p> <ul style="list-style-type: none"> • There is a clear medium to long-term plan to keep the IT infrastructure up-to-date. • IT infrastructure requirements are integrated with national IT infrastructure developments. • Consideration is given to how new or changed IT infrastructure integrates with partner systems. • There is a clear roadmap for retiring and replacing systems.
<p>Does the health body engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?</p>	<p>Does the health body effectively involve staff, patients and other service users in the design and implementation of digital systems and solutions?</p>	<p>The health body has a robust approach to engaging with staff, patients, and service users around digital transformation:</p> <ul style="list-style-type: none"> • There is a documented approach to engagement that is routinely followed. • Clear evidence shows that engagement with staff, patients, and service users is used to shape digital requirements.

Level 2 questions	Level 3 questions	Criteria
		<p>The health body demonstrates that user engagement has shaped and improved decision-making for digital transformation:</p> <ul style="list-style-type: none"> • Digital systems, tools, and developments are designed with the end-user in mind. • These systems, tools, and developments meet the needs of both patients and healthcare professionals. • There is positive feedback from staff, patients, and service users regarding their engagement in digital transformation.
	<p>Is the health body taking appropriate action to minimise digital exclusion as part of the roll-out and implementation of new digital and data projects and initiatives?</p>	<ul style="list-style-type: none"> • The health body has a designated lead for digital inclusion. • The health body routinely assesses the potential impact of changes to digital systems or new systems on staff, patients, and service users. <p>The health body has appropriate arrangements in place to minimise digital exclusion. It:</p> <ul style="list-style-type: none"> • Has a good awareness of digital inclusion as a challenge. • Ensures it is meeting the needs of people experiencing digital exclusion while digitising. • Accesses appropriate support from other public bodies or third sector organisations such as Digital Communities Wales, Centre

Level 2 questions	Level 3 questions	Criteria
		<p>for Digital Public Services or Newid to help address digital exclusion.</p> <ul style="list-style-type: none"> • Has a good understanding how risks in its external environment i.e. rising cost of living, may impact on those who are disadvantaged and digitally excluded. • Has a good understanding of the opportunities from future advances in digital.
	<p>Does the health body engage effectively with its partners to support delivery of its Digital Strategy?</p>	<p>The health body regularly engages with partners and other stakeholders to:</p> <ul style="list-style-type: none"> • Support delivery of its digital strategy. • Maximise innovation opportunities and stay updated on digital industry advancements. <p>The health body has a clear understanding of the role and responsibilities of other partners in delivering its own digital strategy.</p> <p>The health body has appropriate monitoring and oversight arrangements for the aspects of its digital strategy that are delivered by its partners.</p> <p>The health body proactively engages with key digital and data partners such as DHCW, HEIW, Welsh Government, and the NHS Executive (Clinical Networks):</p> <ul style="list-style-type: none"> • Relationships with key digital and data partners are proactive and built on trust and openness.

Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none"> • There is a clear understanding of the roles and responsibilities of key digital and data partners, including Welsh Government and DHCW. <p>Routine dialogue occurs with key partners about national digital programs and products that the health body is expected to deliver, manage, or administer locally.</p>
<p>Is the health body actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?</p>	<p>Does the health body have a clear programme of local / regional digital and data projects to improve the accessibility, quality, efficiency, and productivity of services?</p>	<p>The health body has a clear, coordinated, and resourced programme of local and regional digital and data projects which are:</p> <ul style="list-style-type: none"> • Prioritised based on their impact on service accessibility, quality, efficiency, and productivity. • Coordinated and overseen centrally. • Underpinned by clear milestones and measures in place to show how investments in digital and data projects benefit service users, improve care pathways, and enhance efficiency and productivity. <p>The health body is exploring or making use of artificial intelligence to improve service accessibility, quality, efficiency, and productivity in a well-managed way.</p>

Level 2 questions	Level 3 questions	Criteria
	<p>Is the health body actively adopting and rolling out national digital solutions to improve the accessibility, quality, efficiency, and productivity of services?</p>	<ul style="list-style-type: none"> • The health body actively adopts and implements national digital solutions that support a 'Once for Wales' approach to enhance service accessibility, quality, efficiency, and productivity. • The health body engages constructively with DHCW and WG to ensure national solutions are fit for purpose.
	<p>Are local, regional and national digital solutions used by the health body, easy to use, support joint working with other NHS partners and staff to work efficiently?</p>	<p>The health body evaluates the effectiveness of its digital solutions to ensure they are:</p> <ul style="list-style-type: none"> • Easy to use, intuitive, and user-friendly. • Accessible to all users, including those with disabilities. • Streamlining workflows and reducing task completion time. • Offering necessary features to support the health body and its partners. • Seamlessly integrating with other systems and platforms used by NHS digital partners using national data and technical standards i.e. NHS Wales Data Dictionary, SNOMED CT, Health Level 7, Fast Healthcare Interoperability Resources etc. <ul style="list-style-type: none"> - NHS Wales Data Dictionary - Digital Health and Care Wales - SNOMED CT

Level 2 questions	Level 3 questions	Criteria
		<ul style="list-style-type: none">- Microsoft Word - WELSH HEALTH CIRCULAR - Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies - English cleared- FHIR at DHCW - Digital Health and Care Wales• Facilitating smooth and secure data exchange between different systems.• Providing features that support joint working.• Reliable, with minimal downtime and fast response times.• Handling errors effectively and providing support for troubleshooting.• Improving patient experience.

Project brief

Appendix 2 - Fair processing notice

Date issued: 10th April 2025

This privacy notice tells you about how the Auditor General for Wales (AGW) and staff of the Wales Audit Office (WAO) process personal information collected in connection with our work.

Who we are and what we do

The AGW's work includes examining how public bodies manage and spend public money, and the WAO provides the staff and resources to enable him to carry out his work. "Audit Wales" is a trademark of the WAO and is the umbrella identity of the AGW and the WAO.

The purposes of the processing

We will use personal data when exercising our powers and duties, which chiefly concern the audit of public bodies and activities to support such work.

Data Protection Officer (DPO)

Our DPO can be contacted by telephone on 029 2032 0500 or by email at infoofficer@audit.wales.

Relevant laws

We process your personal data in accordance with data protection legislation, including the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Our lawful bases for processing are the powers and duties set out in the Public Audit (Wales) Acts 2004 and 2013, the Government of Wales Acts 1998 and 2006, the Local Government (Wales) Measure 2009, the Well-being of Future Generations (Wales) Act 2015, the Local Government & Elections (Wales) Act 2021 and various legislation establishing particular public bodies, such as the Care Standards Act 2000.

Further details are available in our publication, [A guide to Welsh public audit legislation](#), which is available on our website.

Depending on the particular power or function, these statutory bases fall with Article 6(c) and (e) of the UK GDPR—processing necessary for compliance with a legal obligation, for the performance of a task carried out in the public interest or in the exercise of official authority.

Where we process special category data, the additional legal basis for processing this will ordinarily be Article 9(2)(g) of the UK GDPR (together with paragraph 6 Schedule 1 Data Protection Act 2018) relating to the exercise of a statutory function for reasons of substantial public interest.

How we obtain your personal data

The personal data that we collect and process as part of our work may be obtained from you directly (e.g. if we contact you to ask you specific questions or for further information in connection with our work), or from relevant bodies, including those that we are auditing, through the exercise of the Auditor General's access rights.

Who will see the data?

The AGW and relevant WAO staff, such as the study team, will have access to the information you provide. Your data may be shared internally within Audit Wales for the purposes described in this notice.

Our published report may include some of your information, but we will contact you before any publication of information that identifies you—see also “your rights” below.

We may share information with:

- a) Senior management at the audited body(ies) as far as this is necessary for exercising our powers and duties;
- b) Certain other public bodies/public service review bodies such as the Office of the Future Generations Commissioner, Care Inspectorate Wales (Welsh Ministers), Health Inspectorate Wales (Welsh Ministers), Estyn and the Public Services Ombudsman for Wales, where the law permits or requires this, such as under section 15 of the Well-being of Future Generations (Wales) Act 2015.

How long we keep the data

We will generally keep your data for 6 years, though this may increase to 25 years if it supports a published report—we will contact you before any publication of information that identifies you—see also “your rights” below. After 25 years, the records are either transferred to the UK National Archive or securely destroyed. In practice, very little personal information is retained beyond 6 years.

Our rights

The AGW has rights to information, explanation, and assistance under paragraph 17 of schedule 8 Government of Wales Act 2006, section 52 Public Audit (Wales) Act 2004, section 26 of the Local Government (Wales) Measure 2009 and section 98 of the Local Government & Elections (Wales) Act 2021. Further information can be found in our [Access Rights leaflet](#) available on our website. It may be a criminal offence, punishable by a fine, for a person to fail to provide information that falls within the AGW's access rights, but such an offence does not apply to surveys of the general public, which are not conducted using the statutory access rights above.

Your rights

You have rights to ask for a copy of the current personal information held about you and to object to data processing that causes unwarranted and substantial damage and distress.

To obtain a copy of the personal information we hold about you or discuss any objections or concerns, please write to the Information Officer, Wales Audit Office, 1 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ or email infoofficer@audit.wales. You can also contact our Data Protection Officer at this address.

You may also contact the Information Commissioner's Office to obtain further information about data protection law, or to complain about how your personal data is being handled at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, or by email at casework@ico.gsi.gov.uk or by telephone 01625 545745.



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.